

Part A: Education Best Interest Determination Staffing			
Date Staffed:	Participants in Staffing: <input type="checkbox"/> Child Welfare Case Management Provider (CWCMP) <input type="checkbox"/> Department for Children and Families (DCF) <input type="checkbox"/> Local Education Authority (LEA)		
Names of Attendees (Additional Attendees may be listed here)			
Decision Considerations: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; border: none;"> <input type="checkbox"/> Length of Time Enrolled in School of Origin <input type="checkbox"/> Learning Behaviors/Disabilities <input type="checkbox"/> Safety Factors <input type="checkbox"/> Participation in Extra-Curricular Activities <input type="checkbox"/> Distance from School of Origin <input type="checkbox"/> IEP and 504 Plan Services <input type="checkbox"/> Written Input from Case Participant </td> <td style="width: 50%; vertical-align: top; border: none;"> <input type="checkbox"/> Child Preference <input type="checkbox"/> Parent Preference, if parental rights are intact <input type="checkbox"/> Child's Attachment to the School of Origin <input type="checkbox"/> Placement of Siblings <input type="checkbox"/> Influence of School Climate <input type="checkbox"/> Availability and Quality of Services </td> </tr> </table>		<input type="checkbox"/> Length of Time Enrolled in School of Origin <input type="checkbox"/> Learning Behaviors/Disabilities <input type="checkbox"/> Safety Factors <input type="checkbox"/> Participation in Extra-Curricular Activities <input type="checkbox"/> Distance from School of Origin <input type="checkbox"/> IEP and 504 Plan Services <input type="checkbox"/> Written Input from Case Participant	<input type="checkbox"/> Child Preference <input type="checkbox"/> Parent Preference, if parental rights are intact <input type="checkbox"/> Child's Attachment to the School of Origin <input type="checkbox"/> Placement of Siblings <input type="checkbox"/> Influence of School Climate <input type="checkbox"/> Availability and Quality of Services
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Decision Summary:			

Part B: Immediate Enrollment of a Child Placed in Foster Care			
Date:		Responsible State Agency:	<input type="checkbox"/> Department for Children and Families (DCF) <input type="checkbox"/> Kansas Department for Corrections-Juvenile Services (KDOC-JS)
As authorized by			
Special Instructions: Education related documents can be transferred electronically using the Kansas Department of Education (KSDE) Student Record Exchange (SRE) securely.			

Section I: Student and Current Placement Information							
Student Name (First, Middle, Last)							
DOB		SSN (last four digits ONLY)		Phone <input type="checkbox"/> NA		Email <input type="checkbox"/> NA	
Placement Name(s)							
Placement Address: Street, City, State, Zip Code							
Placement Telephone Number (s)				Placement Email Address			

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Section II: School in which child is being enrolled				
Unified School District (USD) Name		USD Number		
School Name				
School Address: Street, City, State, Zip				
Phone Number		Fax / Email		
Every Student Succeeds Act (ESSA) -School Point of Contact Name		Phone Number		
Enrollment Date		Grade		
Check all that apply	<input type="checkbox"/> Regular Education	<input type="checkbox"/> Special Education	<input type="checkbox"/> Alternative School	<input type="checkbox"/> Online Learning

Section III: Last two (2) schools attended and placement. High School students will need to bring available transcripts and withdrawal grades when possible.				
Instructions: The school of origin is the school that the child was enrolled at the time of the initial placement. If the child's foster care placement changes, the school of origin would then be the school in which the child is enrolled at the time of the placement change.				
1. School of Origin Name (most recent school of attendance) <input type="checkbox"/> NA				
School Address: Street, City, State, Zip				
Phone Number		Fax / Email		
ESSA -School Point of Contact Name		Phone Number		
Dates Attended				
Check all that apply	<input type="checkbox"/> Regular Education	<input type="checkbox"/> Special Education	<input type="checkbox"/> Alternative School	<input type="checkbox"/> Online Learning
Previous Placement's Name		Dates of placement		
Address: Street, City, State, Zip				
Phone Number		Email	Alternate / Back up Contact	

2. Previous School Name <input type="checkbox"/> NA				
School Address:				

Street, City, State, Zip					
Phone Number				Fax / Email	
ESSA -School Point of Contact Name				Phone Number	
Dates Attended					
Check all that apply		<input type="checkbox"/> Regular Education	<input type="checkbox"/> Special Education	<input type="checkbox"/> Alternative School	<input type="checkbox"/> Online Learning
Previous Placement's Name				Dates of placement	
Address: Street, City, State, Zip					
Phone Number		Email		Alternate / Back up Contact	

Section IV: Student Educational Information					
Does the student have any of the following? (Check all that apply)					
1. Individual Education Plan (IEP)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
IEP provide individualized special education and related services to meet the unique needs of the child.					
2. 504 Plan		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
504 plans provide services and changes to the learning environment to meet the needs of the child as adequately as other students.					
3. School Behavior Contract / Management Plan		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
4. Is the student currently suspended?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates:	Length:
5. Is the student currently expelled?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates:	Length:
6. If yes to questions 4 and 5, please explain below (fighting, truancy, drugs / alcohol, etc.)					
7. Describe in detail below any special staffing needs or safety precautions.					
8. Brief description of reasons for out of home care as relevant to the learning process.					
9. List current medications below.					
10. Physical or mental health conditions as relevant to the learning process.					
11. Other information relevant to the learning process of this student.					

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Section V: Parent / Legal Guardian Information / Educational Advocate

Mother's Name				
Address: Street, City, State, Zip				
Phone Number		Email		Alternate / Back up Contact
Restricted Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parental Rights Terminated or Relinquished	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Provide additional details as relevant to the learning process				

Father's Name				
Address: Street, City, State, Zip				
Phone Number		Email		Alternate / Back up Contact
Restricted Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parental Rights Terminated or Relinquished	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Provide additional details as relevant to the learning process				

Educational Advocate Name				<input type="checkbox"/> NA
Address: Street, City, State, Zip				
Phone Number		Email		Alternate / Back up Contact

Section VI: Agency Chain of Communication

First Contact- Case Manager Name			
Address: Street, City, State, Zip			
Cell Phone Number		Office Phone Number	
Email		Fax Number	

Second Contact- Case Management Supervisor			
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Name			
Cell Phone Number		Office Phone Number	
Email		Fax Number	
Third Contact- DCF Foster Care Liaison			
Address: Street, City, State, Zip			
Cell Phone Number		Office Phone Number	
Email		Fax Number	
Fourth Contact- DCF Foster Care Administrator			
Address: Street, City, State, Zip			
Cell Phone Number		Office Phone Number	
Email		Fax Number	

