



**NOTICE OF STUDENT RECEIVING FOSTER CARE SERVICES &
REQUEST FOR BEST INTEREST DETERMINATION PARTICIPATION FORM**



| | | |
|--------------------------------------|--|--|
| Date of Notice: (select date) | <input type="checkbox"/> Foster Care Liaison for Division of School of Origin (notification, request for records, and participation) | <input type="checkbox"/> Foster Care Liaison for School Division of New Residency (notification and request for participation) |
|--------------------------------------|--|--|

School of Origin Information

| | | |
|--|------------------------------|---------------------------|
| School Division/School: (select division) (enter school name) | | |
| Superintendent: (enter name) | E-mail: (enter email) | Phone: () ___-___ |
| Principal: (enter name) | E-mail: (enter email) | Phone: () ___-___ |
| Foster Care Liaison: (enter name) | E-mail: (enter email) | Phone: () ___-___ |

School Division of New Residency Information

| | | |
|---|------------------------------|---------------------------|
| School Division: (select division) | | |
| Superintendent: (enter name) | E-mail: (enter email) | Phone: () ___-___ |
| Foster Care Liaison: (enter name) | E-mail: (enter email) | Phone: () ___-___ |

Student Information

| | | | |
|---|--|-------------------|-----------------------|
| Student Name: (first, middle, last) | DOB: (MM/DD/YYYY) | Age: (age) | Grade: (grade) |
| 504 Plan: <input type="checkbox"/> YES <input type="checkbox"/> NO | Special Education (IEP): <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

Student's New Placement Information

| | |
|--|---|
| Type of Placement: select placement type | Date of Placement: (select date) |
| Address: (street, city, state, zip) | Phone: () ___-___ |
| Contact: (enter full name of placement contact person) | E-mail: (enter email) |
| Licensed Child Placing Agency (LCPA): (enter agency/case manager-if applicable) | Phone: () ___-___ |

Local Department of Social Services (LDSS) Agency Information

| | |
|---|------------------------------------|
| Custodial Department of Social Services: (select local social services agency) | Removal Date: (select date) |
| LDSS Case Worker: (enter case worker's name) | Phone: () ___-___ |
| LDSS Educational Stability Liaison: (enter liaison's name) | E-mail: (enter email) |

Parent Information

| | |
|--|------------------------------|
| Are parental rights terminated (TPR)? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, move to next section) | |
| Mother's Name: (enter full name) | E-mail: (enter email) |
| Address: (street, city, state, zip) | Phone: () ___-___ |
| Father's Name: (enter full name) | E-mail: (enter email) |
| Address: (street, city, state, zip) | Phone: () ___-___ |

Best Interest Determination (BID) Information

NO BID is needed. The student's new placement is: select a rationale. Please notify transportation of address change.

YES, BID is needed. The student's new placement is outside of the school of origin's geographic zone; therefore, a BID is necessary to address educational stability.

Please provide your availability (at least 3 dates/times) via e-mail to the LDSS Case Worker **within 2 business days** of the date of this notice.

A BID meeting for this student has been scheduled on (date) / (time) , at (location) and you, or a designee, are invited to attend. If attendance in person is not possible, participation via phone is most welcomed. Please call () ___-___ to participate in the meeting telephonically.

If you are a school of origin, information regarding the student's current academic placement, including grades/transcript, attendance, discipline, and IEP/504 is requested to inform the BID decision making process. If the student is a special education student, a representative who is knowledgeable of the student's educational needs is requested to participate.

****Additionally, you (or your designee) will be asked to provide information regarding transportation options which may be available.**

General Instructions:

Whenever a student enters foster care or has a change in placement, please be sure to complete all sections as thoroughly as possible. Field information can be entered by clicking in the area enclosed in parentheses which will yield a text, calendar, or drop-down field.

Section Specific Instructions:

Although most sections of this document are self-explanatory, below is some section-specific guidance which may assist in the form's completion.

Date of Notice Information:

In this section, select the date that the form is being sent to the school division and which school division the form is going to. BEST PRACTICE: If across school division lines, notification should be sent to the foster care liaisons in BOTH school divisions.

The School of Origin is the school that the youth is currently attending when entering foster care or experiencing a placement change.

School of Origin/School Division Information:

Most school divisions have a "school finder" feature on their website which will locate a school building for an address. The Virginia Department of Education maintains a listing of Virginia Public School Division information by region at http://www.doe.virginia.gov/directories/schools/school_info_by_regions.shtml. By selecting the school division link, you can find information such as the name and contact information for the superintendent and local school building administration. A listing of school division Foster Care Liaisons, with contact information, can be found at http://www.doe.virginia.gov/support/student_family/foster_care_students/fostering_connection_liaisons.pdf

Student Information:

Please be sure to indicate if a child has a 504 plan or an IEP. This information is important and impacts the BID process.

Student's New Placement Information:

Along with the type, address, and date of the placement, please be sure to provide a contact name with phone number in this section. If the placement is a foster home, this would be the foster parent and their direct contact information. If the placement is a group home placement, the "contact" should be the person who will be attending the BID meeting. This is not a treatment foster care case manager; that information would be placed on the line below entitled Licensed Child Placing Agency (LCPA).

Agency Information:

This section is where the Local Department of Social Services contact information is entered.

Parent Information:

This is where information on the **Biological Parents** is entered. If there is a termination of parental rights (TPR), move to the next section. If there is NOT a TPR, please complete this section with the most accurate information available. Unless there is a TPR, biological parents retain their educational rights, and therefore, should be considered active participants of this process as well as all other educational processes, such as 504 plans and IEP meetings.

Best Interest Determination (BID) Information:

If the new residence is zoned for the current school; the distance between the school of origin and receiving school is greater than 100 miles; the placement is a Level C residential treatment facility; or the student is returning from a residential treatment facility or detention to the same foster care placement, then there is no need for a BID meeting to take place and the "NO" box should be checked. In such cases, this form serves as notification of the move so that school databases can be amended to reflect the new address and contact information.

If one of the criteria above is not met, a BID meeting to address educational stability is necessary and the "YES" box should be checked.

- If a meeting has not been scheduled and school division staff availability is being requested, select the first check box.
- If a meeting has already been scheduled, please include the time, date, and location of the meeting as well as a phone number to allow for participation via phone.

NOTE: Documents should be password protected prior to sending electronically. Instructions on password protecting a word document can be found at <https://support.office.com/en-us/article/Password-protect-a-document-8f4afc43-62f9-4a3a-bbe1-45477d99fa68>. You will need to share the document password telephonically or in a separate email.