

**FOSTER CARE STUDENT BEST INTEREST DETERMINATION FORM**

Student's Name			State ID	
Gender		DOB	Grade	
Current School			Phone	
Case Manager			Phone	
Date of Meeting			Location	

**Check all factors considered for ensuring school stability:**

- |   |  |
|---|--|
| <input type="checkbox"/> Student's preference           | <input type="checkbox"/> Individualized education plan |
| <input type="checkbox"/> Academic programs              | <input type="checkbox"/> Academic growth/progress      |
| <input type="checkbox"/> History of school transfers    | <input type="checkbox"/> Length/distance of commute    |
| <input type="checkbox"/> Attendance                     | <input type="checkbox"/> Peer relations                |
| <input type="checkbox"/> Specialized instruction        | <input type="checkbox"/> Sibling placements            |
| <input type="checkbox"/> Permanency goals               | <input type="checkbox"/> Safety concerns               |
| <input type="checkbox"/> Program/activities of interest | <input type="checkbox"/> Section 504                   |
| <input type="checkbox"/> Extra-curricular activities    | <input type="checkbox"/> Language services             |
| <input type="checkbox"/> History of foster placement    | <input type="checkbox"/> Caretaker preference          |

**Determination:**

The student shall remain in the school of origin unless a detailed explanation of the above factors suggests a change of placement is in the child's best interest.

- |  |   |
|--|---|
| <input type="checkbox"/> History of foster placement | <input type="checkbox"/> A change in school placement is needed |
|--|---|

**If applicable, describe in detail why a change in placement was determined:**

**Supporting Documentation:**

- |   |   |
|---|---|
| <input type="checkbox"/> Report cards     | <input type="checkbox"/> Discipline referrals   |
| <input type="checkbox"/> 504              | <input type="checkbox"/> Health records/reports |
| <input type="checkbox"/> Extra-curricular | <input type="checkbox"/> IEP                    |
| <input type="checkbox"/> Progress report  | <input type="checkbox"/> Attendance Date        |
| <input type="checkbox"/> Correspondence   | <input type="checkbox"/> Other                  |
| <input type="checkbox"/> Achievement data |   |

**Authorized Signatures:**

Best Interest Determination Plan Attendance (Print Name)	Title or Relationship to Foster Child	Signature	Agree with Determination? (Circle)
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No