

NORTH CAROLINA CHILD EDUCATION STATUS

Case Number: _____ Child/Youth's Name: _____

Copy provided to child/youth's placement provider: _____ on: _____
Name

Completed by: _____ Date: _____

Check one: ☐ **Initial Entry into Custody** ☐ **Annual Review** ☐ **Placement/School Change**
 ☐ **Educational Services (ES) Meeting** ☐ **Other**

Child/Youth's Permanency Plan, check one:

☐ **Reunification** ☐ **Legal Guardianship** ☐ **Legal Custody** ☐ **Adoption**
☐ **Another Planned Permanent Living Arrangement** ☐ **Reinstatement of Parental Rights**

☐ This child is not school age. Complete this section by checking all of the following that apply.

☐ Child is not enrolled in an educational setting.

☐ Child is enrolled in day care at: _____

☐ Child's developmental status was evaluated. Date: _____ Where: _____

Results: _____

Stop here for children who are not school age.

School: _____ School Address: _____ Grade: _____

School Contact (name/role/phone number): _____

Child/Youth functioning above grade in any subjects (list): _____

Child/Youth functioning below grade in any subjects (list): _____

If retained, what grade was repeated: _____

Special services (IEP, 504, list): _____

Attendance issues (absences, tardy days): _____

Child/Youth's Academic/Social Strengths: _____

Behavioral issues: _____

Social, Sports, Activities, Other: _____

Additional school related information: _____

Are services appropriate (or changes needed)?: _____

Mode of School Transportation: _____ Any issues?: _____

Surrogate Parent Needed/Identified: _____

For youth age 14 and above:

What are the youth's post-secondary plans?

What is in place to assist youth in achieving those plans?

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Date of most recent school records:

Supporting documentation (Attach supporting documents.)

- | | |
|------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Report cards (required) | <input type="checkbox"/> IEP or 504 Plan |
| <input type="checkbox"/> Progress reports | <input type="checkbox"/> E-mails or correspondence from individuals consulted |
| <input type="checkbox"/> Achievement data (test scores) | <input type="checkbox"/> Disciplinary referrals |
| <input type="checkbox"/> Attendance data (required) | <input type="checkbox"/> Health reports/records |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Best Interest Determination (BID) or Educational Services (ES) meeting required? ☐ Yes ☐ No

If yes, complete the Best Interest Determination Form (DSS-5137) and answer the following questions:

Date/Time of Best Interest Determination (BID) or Educational Services (ES) meeting:

Date student was informed about BID/ES meeting and purpose:

Was the student provided the opportunity to identify a significant person to attend the meeting?

☐ Yes If a person was identified, who did the student invite?:

☐ No If no, explain why:

Date parent(s) were notified of BID/ES meeting: