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|  | DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)  **Education Plan** | | | | | | | PLAN DATE |
| NAME | | ID NUMBER | GRADE | TERM | | YEAR | | DATE OF BIRTH |
| SCHOOL’S NAME | | | SCHOOL DISTRICT | | | | | AGE |
| **Enrollment and Attendance** | | | | | | | | |
| Is the child / youth enrolled and attending school?  Yes  No  Reason if not attending:    Status:  Currently suspended:  Yes  No  History of suspensions:  Yes  No  Current attendance:  Current conduct:  Other school information: | | | | | | | | |
| Have efforts been made so the child / youth can remain at the same school?  Yes  No  N/A  Efforts made:    Description of plan or reason why no plan was developed: | | | | | | | | |
| During the last six months of placement, has there been a change of school?  Yes  No  Enrollment end date:  Reason for change:    Completion status: | | | | | | | | |
| Is there a plan for transportation to school?  Yes  No  Provided by:  Description of plan or reason no plan was developed: | | | | | | | | |
| **Child / Youth’s Progress** | | | | | | | | |
| Is the child / youth making academic progress?  Yes  No  Comments:    GPA:  Current performance: | | | | | | | | |
| Has a plan been developed to assist child / youth in obtaining necessary credits to achieve academic goals?  Yes  No  N/A  Plan to obtain credits for high school student:    Description of plan or reason why no plan was developed: | | | | | | | | |
| Is the child / youth’s progress at school adversely affected by physical, social, emotional, or mental health issues?  Yes  No  Comments: | | | | | | | | |
| Are there any recommended educational services that are not being provided?  Yes  No  Comments: | | | | | | | | |
| For grades 9 – 12, is there preparation for post-high school?  Yes  No  N/A  Youth’s plan:    Comments: | | | | | | | | |
| **Special Education** | | | | | | | | |
| Does the child / youth have special education needs?  Yes  No  Not Assessed  Supporting details:    Comments: | | | | | | | | |
| Does the child / youth have an IEP?  Yes  No  Start date:  Review date:  End date:  Summary of services: | | | | | | | | |
| Does the child / youth have a Section 504 plan?  Yes  No  Start date:  Review date:  End date:  Summary of services: | | | | | | | | |
| **State Standardized Test Results** | | | | | | | | |
| Math: Reading: Science: Writing: | | | | | | | | |
| **School Records Request** | | | | | | | | |
| SCHOOL AND DISTRICT RECORDS REQUESTED FROM: | | | | | DATE REQUESTED | | DATE RECEIVED | |
| **Referral** | | | | | | | | |
| REFERRAL MADE TO: | | | | | | | REFERRAL DATE | |
| **Education Decision Making Responsibility** | | | | | | | | |
| Who will be responsible for regular, day-to-day education decision-making?  Name:  Role: | | | | | | | | |

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| Who will be responsible for special education needs decision-making?  Name:  Role: |
| Has the need for an educational liaison been identified?  Yes  No  Reason required:    Date identified:  Educational Liaison’s name:  Relationship to youth: |
| **Health and Safety Visit** |
| DATE OF LAST FACE-TO-FACE CONTACT WITH CHILD / YOUTH |