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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 [ ]  NoReason if not attending:Status:Currently suspended: [ ]  Yes [ ]  NoHistory of suspensions: [ ]  Yes [ ]  NoCurrent attendance: Current conduct: Other school information:  |
| Have efforts been made so the child / youth can remain at the same school? [ ]  Yes [ ]  No [ ]  N/AEfforts 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 [ ]  NoEnrollment end date: Reason for change:Completion status: |
| Is there a plan for transportation to school? [ ]  Yes [ ]  NoProvided by: Description of plan or reason no plan was developed: |
| **Child / Youth’s Progress** |
| Is the child / youth making academic progress? [ ]  Yes [ ]  NoComments:GPA: Current performance: |
| Has a plan been developed to assist child / youth in obtaining necessary credits to achieve academic goals?[ ]  Yes [ ]  No [ ]  N/APlan 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 [ ]  NoComments: |
| Are there any recommended educational services that are not being provided? [ ]  Yes [ ]  NoComments: |
| For grades 9 – 12, is there preparation for post-high school? [ ]  Yes [ ]  No [ ]  N/AYouth’s plan:Comments: |
| **Special Education** |
| Does the child / youth have special education needs? [ ]  Yes [ ]  No [ ]  Not AssessedSupporting details:Comments: |
| Does the child / youth have an IEP? [ ]  Yes [ ]  NoStart date: Review date: End date: Summary of services: |
| Does the child / youth have a Section 504 plan? [ ]  Yes [ ]  NoStart 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 [ ]  NoReason required:Date identified: Educational Liaison’s name: Relationship to youth:  |
| **Health and Safety Visit** |
| DATE OF LAST FACE-TO-FACE CONTACT WITH CHILD / YOUTH |