

**CHILD ASSESSMENT**

DCF-2039

3/16 (Rev.)



Child's Last Name:		Child's First Name:		LINK #:	Person ID #:
Child's DOB:	Gender:	Child's Race (as noted in LINK):		Child's Ethnicity (as noted in LINK):	
Date Meeting Held:		DCF Office:			
Legal Status:			<input type="checkbox"/> Committed, Date:	<input type="checkbox"/> TPR, Date:	<input type="checkbox"/> Legal Risk
Child's Registration/Adoption Plan must be attached if TPR or Legal Risk Adoptive Placement: Attached?: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Long range goal for committed child:					
Behavioral / Personality Characteristics (check all that apply):			Please attach the following (most recent) materials:		
<input type="checkbox"/> Active	<input type="checkbox"/> Friendly	<input type="checkbox"/> Developmentals	<input type="checkbox"/> Medical Reports		
<input type="checkbox"/> Adaptable	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> DCF-377	<input type="checkbox"/> Neurologicals		
<input type="checkbox"/> Curious	<input type="checkbox"/> Reserved	<input type="checkbox"/> DCF-338 (For Mother)	<input type="checkbox"/> Psychiatric		
<input type="checkbox"/> Demonstrative	<input type="checkbox"/> Shy	<input type="checkbox"/> DCF-338 (For Father)	<input type="checkbox"/> Psychologicals		
<input type="checkbox"/> Destructive	<input type="checkbox"/> Sullen	<input type="checkbox"/> DCF-416 (if Child is Special Needs)	<input type="checkbox"/> School Reports		
<input type="checkbox"/> Easygoing	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Other:			
<input type="checkbox"/> Other:					
Special Interest(s) of Child (sports/hobbies/current activities):					
Peer Relationships (positive and negative):					
Education (Attach any school reports in record) See DCF-336, #IV, 24-28:					
Present School:					
Special Services Received:					
Consistency of Attendance:					
Relationship with teachers and classmates:					
Health History (Attach medical Passport and any evaluations). See DCF-336, III, 22-23, IV, 24-28, V, 29-31. Please note significant disabilities (See DCF-338 or DCF-338B, page 4):					
Diagnosis (if any):					
Treatment:					
Prognosis:					

PLACEMENT HISTORY:		
Date	Types	Reason for Removal

Has there been a change in child's behavioral pattern since child entered care?  Yes  No (If "Yes", please explain):

If foster parent(s) is/are interested in adopting this child, what is the foster parent(s)' attitude toward any ongoing birth family involvement?:

Are the child's present caretakers supportive of the plan for child to move?  Yes  No

If "Yes" will/can they assist in preparing the child to move?  Yes  No

**RECEPTION INTO DCF CARE**

Child's reaction to separation from parent or caretaker (Please explain):

What was child's understanding about his/her separation from parent or caretaker (Please explain):

**SIBLINGS**

Last Name	First Name	DOB	Placement	Involved with Referred Child?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

**OTHER SIGNIFICANT PERSONS IN CHILD'S LIFE**

Last Name	First Name	DOB	Placement	Involved with Referred Child?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Last Name of Mother:	First Name of Mother:	Mother's Last Known Address: (No. & Street):	City:	State:	Zip:
Last Name of Father:	First Name of Father:	Father's Last Known Address: (No. & Street):	City:	State:	Zip:

Did you remember to attach these documents?:  Attach DCF-337  Attach DCF-338 for Mother  Attach DCF-338 for Father

Name of DCF Social Worker:	Signature of DCF Social Worker:	Date Completed
Name of DCF Social Work Supervisor:	Signature of DCF Social Work Supervisor:	Date Reviewed