



Arkansas Department of Human Services

Division of Children and Family Services

Notification to Local Education Agency of Changes in Child Placement, Changes in Schools or Experiences of Traumatic Events

Date of Notification: _____

To: _____, School Counselor; School Foster Care Liaison; Administrator

From: _____, DCFS Family Service Worker

I. TYPE OF NOTIFICATION:

- 1. [] Initial Placement 2. [] Changes in Placement 3. [] Change of School 4. [] Experience of Traumatic Event

Child's Name _____ Child's Age _____

Child's Date of Birth: _____ Child has an IEP [] Yes [] No

II. PLACEMENT/CHANGE IN PLACEMENT:

Reason for Initial Placement into Foster Care:

- 1. [] Emergency Placement (72 hour hold) 2. [] Court Ordered Custody

Reason for Placement, Change in Placement, or Change in School: (Include documentation that individuals who are directly involved in the care, custody, and education of children in foster care worked together to ensure continuity of educational services to the children. Also, include information about the previous school - including the school's name.)

[Empty box for documentation]

Name of Foster Family/Facility _____ Date of Change _____

Address of Foster Family/Facility _____ Telephone Number _____

Name of New School _____ Date of Change _____

NOTE TO SCHOOL: When a child in foster care is placed in a short-term facility, long-term facility, or detention facility, please prepare to share the child's school records with these facilities to meet the child's educational needs. School Foster Care Liaisons should contact the DCFS Family Services Worker (FSW) on all case related issues and the County Supervisor with general information requests or if the FSW cannot be contacted.

III. TRAUMATIC EVENTS:

- [] The Department of Human Services reasonably believes that a child in foster care has experienced a traumatic event. [] The Department of Human Service knows through an investigation or ongoing protective services case that a child in foster care has experienced a traumatic event.

DHS shall provide all known information to the school district that would impact the health and safety of the child being enrolled or others in the school.

Comments:

[Empty box for comments]

Family Service Worker Signature _____ Date _____ County Supervisor Signature _____ Date _____

Telephone Number _____ Telephone Number _____