



Tennessee Department of Children's Services

Foster Care Review Summary

(To be Completed during the Foster Care Review with the participants)

1. Child(ren)'s Name(s):
- | | Name | DOB |
|----|------------------------|-------------|
| a. | <u>Travis Collins</u> | <u>5/4</u> |
| b. | <u>Michael Collins</u> | <u>6/27</u> |
| c. | _____ | _____ |
| d. | _____ | _____ |
| e. | _____ | _____ |

2. Court Docket Number: 5416 Date of Review: _____ County: _____ Board #: _____

3. Agency Representative(s):

(Please Print)

1.	<u>FSW</u>
2.	_____
3.	_____

4. Attorney(s):

(Please Print)

1.	<u>Attorney</u>
2.	_____
3.	_____

5. Board Members Present (Please Print):

1. <u>Jack Smith</u>	2. <u>Rhonda Greer</u>
3. <u>Karen Hodge</u>	4. <u>Michelle Sessions</u>
5. <u>Greg George</u>	6. <u>Loren Kennedy</u>
7. _____	8. _____

6. Participation at Review:

	Mother	Father	Child(ren):	Other Participants	Names (please print):
Personal Attendance:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Phillip and Evelyn Wilson</u>
No Participation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Written Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

7. Were the Parents/Caregivers notified of the Review? Yes No
8. Was the Child/Youth notified of the Review? Yes No
9. Were the Foster Parents notified of the Review? Yes No

Please explain if 7, 8 or 9 were answered no: _____

Board Findings

10. Have there been adequate attempts made to search for absent parents or relatives? Yes No

If no, the board recommends exploration of the following venues: _____

Always check the "Forms" Website for most current version and disregard all previous versions. This form may not be altered.

11. Is there a No Contact Order for either parent? Yes No

If yes, please list the name of the person: _____

12. Next Steps: (To be completed during Quarterly Review as determined by the Review Board members and participants)

<u>Task</u>	<u>Name of Person Assigned to Task</u>	<u>Date to be Completed</u>
Continue treatment services	Marilyn and Travis	ASAP
Continue pursuing ICPC process for Michael with his father in Va	FSW	ASAP
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. Current Permanency Goal: Reunification/Exit Custody with a Relative

14. Is the Goal appropriate? Yes No

15. Is a change in the Permanency Goal recommended? Yes No

Recommended Permanency Goal: Reunification Exit Custody to live with Relative
 Adoption Planned Permanent Living Arrangement

16. Reason for recommended change: N/A

17. A.S.F.A. Review (Compelling reason for not filing a Petition for TPR) (Note: N/A unless the child has been in care over 12 months with a reunification goal)

None

18. Barriers to achieving desired outcomes: None

19. What is the Projected Date for Goal Achievement? 1 year



20. Does the need for Foster Care continue to exist? Yes No

21. Is the child's current placement appropriate? Yes No

22. Compliance with Permanency Plan Tasks:	Parent(s)	Agency	Child/Youth
All Tasks Completed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Most Tasks Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Some Tasks Completed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Tasks Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tasks to be completed: Continue treatment services

23. Parent/Caregiver progress toward reducing risks that necessitate continued Foster Care:
 Excellent Good Marginal No Progress Not Applicable

24. Are Reasonable Efforts being made to reach the identified goal? Yes No

25. Additional Comments: _____

26. Date of next Review: 6 months

27.

Signatures

_____	Date: _____
Chairperson/Designee Signature Foster Care Review Board	
_____	Date: _____
Child/Youth	
_____	Date: _____
Parent/Guardian	
_____	Date: _____
Parent/Guardian	
_____	Date: _____
Foster Parent	
_____	Date: _____
Family Service Worker	
_____	Date: _____
Supervisor	
_____	Date: _____
Private Provider	
_____	Date: _____
Other Participant	
_____	Date: _____

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Other Participant

Other Participant

Date: _____

Other Participant

Date: _____

Other Participant

Date: _____

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Distribution: Child age 12 and older, Parent/Guardian, Foster Parent, Review Board Chair and Child's Case File

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