

ODHS Child Welfare School Notification

Date:	
RE: School notification for: Student's legal name:	
Student's preferred name:	
Date of birth:	
To: school district foster care point of contact:	
Grade level:	
School of origin:	
☐ Initial notifications ☐ Update	artation
Termination of ODHS custody/discontinue transportation and the continue transportation of ODHS custody/discontinue transportation in the continue transportation of ODHS custody/discontinue transpor	d has had the following action occur with ODHS, Child Welfare.
ODHS CW foster care and custody	Education records request
☐ Placement with parent(s) with ODHS custody	☐ Child moving out of school district
Foster placement change	□ Voluntary placement
School of origin transportation request (Please attach form)	☐ Inter-state compact case (ICPC) placement from out of state
Best Interest finding made by Juvenile Court to ch	ange school of origin
Date: Judge/Referee:	
Previous school and school district:	
IEP/IFSP or 504 Plan: Yes No	
Medical provider and any medical special needs:	
Behavior support needs:	

Please allow			$_$ to enroll the child	in school and make school decisions.
Parent Resource	ce parent 🔲 Educatio	onal surrogate pare	nt	
Other (Name/role): _				
Name of resource pare	nt or parent:			
Student's address:				
☐ Keep address confid	dential			
Physical address:				
Mailing address san	ne as physical address			
Physical Address:				
Mailing address:				
Other information and	d/or special instruction	ns:		
Individuals that shall	not have contact with	the student or sa	ifety concerns:	
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As the caseworker for th	nie child. I can he reached	if there are any que	petione or concerne re	egarding the information provided.
Phone		in there are any que	Stions of concerns re	Local office
Caseworker				
Supervisor				
Program				
manager				<u>l</u>
Members of the child's	team who might interac			icable):
Doggurgo parant	Name	Phone	Email	
Resource parent Child's attorney				
CASA				
Independent Living			+	
Program caseworker				
IDD caseworker				
Tribe				
Transporter				

	Name	Phone	Email
Other			
f the records request h	nov is checked ahove inlea	se send the followi	ng records to the ODHS Caseworker, per OBS

f the records request box is checked above, please send the following records to the ODHS Caseworker, per ORS 419B.443 to report to the court the following information:	
A list of all schools the child has attended and length of time the child has spent in each school since being in the guardianship or legal custody of ODHS.	
Grade level of the child's academic performance.	
Number of high school credits the child over the age of 14 has earned.	
Whether or not the child is in a special education program, and name of surrogate parent appointed, if applicable.	
Other	

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Office of Equity and Multicultural Services at [email], [phone number] (voice/text). We accept all relay calls.