

PLACEMENT REVIEW SUMMARY

Staffing Date: _____

Appellant's Name: _____

Provider #: _____

Address: _____

Phone#: _____

Child/ren: _____

ID #: _____

Convener: _____

I. History (review child's overall placement history and provide details of the child's or children's adjustment to the home the 14 day notice was issued)

II. Explanation of Disruption (Summarize information provided from worker, caregiver and child)

III. Convener's Impression or Understanding of the Disruption

IV. Efforts to Preserve Placement

V. Child's Strengths / Needs

VI. Recommendations (Rationale for Recommendation)

Appellant's Name: _____

Child's Strengths / Needs Present:

(List all those present at the review)

_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	Initial _____
_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	Initial _____
_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	Initial _____
_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	Initial _____
_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	Initial _____
_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	Initial _____
_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	Initial _____
_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	Initial _____
_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	Initial _____
_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	Initial _____

Convener's Signature: _____