

**NORTH CAROLINA CHILD EDUCATION STATUS**

Case Number: \_\_\_\_\_ Child/Youth's Name: \_\_\_\_\_

Copy provided to child/youth's placement provider: \_\_\_\_\_ on: \_\_\_\_\_  
Name

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Check one:**     **Initial Entry into Custody**                       **Annual Review**                       **Placement/School Change**  
                     **Educational Services (ES) Meeting**                       **Other**

<p><b>Child/Youth's Permanency Plan, check one:</b></p> <p><input type="checkbox"/> <b>Reunification</b>                      <input type="checkbox"/> <b>Legal Guardianship</b>                      <input type="checkbox"/> <b>Legal Custody</b>                      <input type="checkbox"/> <b>Adoption</b></p> <p><input type="checkbox"/> <b>Another Planned Permanent Living Arrangement</b>                      <input type="checkbox"/> <b>Reinstatement of Parental Rights</b></p>
---

- This child is not school age. Complete this section by checking all of the following that apply.
    - Child is not enrolled in an educational setting.
    - Child is enrolled in day care at: \_\_\_\_\_
    - Child's developmental status was evaluated. Date: \_\_\_\_\_ Where: \_\_\_\_\_
- Results: \_\_\_\_\_

Stop here for children who are not school age.

<p>School: _____ School Address: _____ Grade: _____</p> <p>School Contact (name/role/phone number): _____</p> <p>Child/Youth functioning above grade in any subjects (list): _____</p> <p>Child/Youth functioning below grade in any subjects (list): _____</p> <p>If retained, what grade was repeated: _____</p> <p>Special services (IEP, 504, list): _____</p> <p>Attendance issues (absences, tardy days): _____</p> <p>Child/Youth's Academic/Social Strengths: _____</p> <p>Behavioral issues: _____</p> <p>Social, Sports, Activities, Other: _____</p> <p>Additional school related information: _____</p> <p>Are services appropriate (or changes needed)?: _____</p> <p>Mode of School Transportation: _____ Any issues?: _____</p> <p>Surrogate Parent Needed/Identified: _____</p>
---

<p>For youth age 14 and above:</p> <p>What are the youth's post-secondary plans?</p> <p>What is in place to assist youth in achieving those plans?</p>
--

**NORTH CAROLINA CHILD EDUCATION STATUS**

Date of most recent school records:

Supporting documentation (Attach supporting documents.)

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Report cards (required)</b>    | <input type="checkbox"/> IEP or 504 Plan                                      |
| <input type="checkbox"/> Progress reports                  | <input type="checkbox"/> E-mails or correspondence from individuals consulted |
| <input type="checkbox"/> Achievement data (test scores)    | <input type="checkbox"/> Disciplinary referrals                               |
| <input type="checkbox"/> <b>Attendance data (required)</b> | <input type="checkbox"/> Health reports/records                               |
| <input type="checkbox"/> Other _____                       | <input type="checkbox"/> Other _____  |

**Best Interest Determination (BID) or Educational Services (ES) meeting required?**  Yes  No

If yes, complete the Best Interest Determination Form (DSS-5137) and answer the following questions:

Date/Time of Best Interest Determination (BID) or Educational Services (ES) meeting:

Date student was informed about BID/ES meeting and purpose:

Was the student provided the opportunity to identify a significant person to attend the meeting?

Yes If a person was identified, who did the student invite?:

No If no, explain why:

Date parent(s) were notified of BID/ES meeting: