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NON-PUBLIC: INTENDED FOR COURT PERSONNEL ONLY Information contained in this form must not be made available to the public or any party.

CAREGIVER INFORMATION FORM

Child's	Name:			
Case No).:	ID NO:	Date of Birth:	
Name o	of Caregiver:			
Type of	Caregiver:			
[]	Foster Parent			
[]	Kinship Caregiver			
[]	Other (Please spec	:ify):		_
Date of	Child's Placement w	vith you:	Date of this Report:	_
related needs. Once yo	to the child in your You can also obtain a pu have completed to You do not need. Have you received	care. Please answer qu a fillable form on-line at the on-line form, please to answer all or any	to help you provide information to the court at the next uestions below that are relevant to the child's current so at https://www.co.geauga.oh.us/commonpleas/Juv e print and bring or mail to the court. The of the questions. Use of this form is voluntated cent case plan? Yes [] No [] Added to the case plan:	status and <u>renile</u> .
3.	example, any chan		onal, or mental health concerns with the child, if any ing patterns, acting out or aggressive behaviors, withdraw with services?	
4.	Please identify any	needs this child has tha	hat are not currently being addressed with services.	

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5.	Please describe the child's educational progress and identify any concerns (for example, peer or teache issues, bullying, academic progress or lack of progress, special education needs).
6.	If age appropriate, what independent living services have been provided: What age-appropriate tasks and skills have you provided to the child to assist the child in preparing for independence (e.g. cooking cleaning, finances)? Are there such services you would recommend?
7.	Please describe your observations of the child's interactions with other children and adults.
8.	Has this child received any medical or dental treatment since the last hearing? Please describe.
9.	Please note your observations related to child's contacts and visits with the child's birth parents.
10.	If the child has siblings and they are not placed together, do they have ongoing visitation? Please note your observations.

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11.	Does the child have regular, ongoing opportunities to socialize or participate in recreational activities with peers? If so, please describe. Please include any challenges to participation in activities.
12.	Are there any additional services or supports needed for the child or for you that were not previously mentioned?
13.	Has a Guardian ad Litem or Court Appointed Special Advocate (CASA) been appointed for the child? If so, what was the date and location of the last contact?
14.	Have you been made aware of the most recent report or recommendations by the Guardian ad Litem (GAL) or Court Appointed Special Advocate (CASA) in this case? If so, do you agree with the recommendations? If you do not agree with the recommendations, what recommendations would you make? Are there any additional recommendations you would make?
15.	Have you been made aware of the most recent report(s) or recommendations in this case made by persons other than the GAL or CASA? If so, do you agree with the report(s) or recommendations? If you do not agree with the report or recommendations, please explain. Are there any additional recommendations you would make?

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16.	If the child is in the permanent custody of the public children services agency (JFS), please describe any efforts of which you are aware to locate a permanent adoptive family or kinship placement.
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17.	General progress, comments, or recommendations regarding the child:
	Dated:
	Caregiver Signature