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DEPARTMENT OF ADOPTION & FAMILY SUPPORTIVE SERVICES
MARGARET LARAVIERE
DIRECTOR
118 N. CLARK ST, SUITE 806 ● CHICAGO, ILLINOIS 60602 ● P: (312) 603-0550 ● F: (312) 603-9909

SCHOOL REPORT

PLEASE HAVE THE SCHOOL RETURN THIS FORM DIRECTLY TO OUR OFFICE.

Name of Child_____**Birthdate**_____

Child is living with _____

Child's Home Address_____

Parent's/Guardian's Name_____

City_____ **State**_____

Date Enrolled _____

Name of School_____ **Grade**_____

Address of School _____ **Telephone Number**_____

Number of Absences_____ **Frequency** _____

Reasons_____

Number of Tardies_____ **Frequency** _____

Reasons_____

General Appearance _____

_____

_____

_____

Behavior and Social Adjustment

_____

_____

Cooperation of Parent (s), Step- parent or Guardian

_____

_____

Do you have any concerns regarding this child's academic progress or social adjustments?

_____

_____

_____

_____

Do you have any concerns regarding this child's home or family relationship which has bearing on his attitudes and behavior?

_____

_____

Description of child's problem, if any _____

Is guardian accessible if concerns arise? _____ **If so, which parent?**

_____

Is there anything that you would like to inform us about this child?

_____

_____

_____

Please list current subject, grade and achievement level below.

Subject	Grade	Achievement level

Is this child working up to his/her academic capacity? Yes or No

Does this child have an IEP/ 504 in place or in the process of receiving an IEP/ 504?

_____

Is there any specific disabilities that limit achievement? _____

_____

Has this child received any of the following services? (please circle)

Social Work **Speech Therapy** **Psychological evaluation**

Is contact with the school social worker necessary? Yes or No
Does the other parent receive school information? Yes or No

Please include a last report card and any IEP or 504 documents if necessary.

Please return to:
Department of Adoption & Family Supportive Services
Margaret LaRaviere, Director
118 N. Clark Street, Room 806
Chicago, Il 60602
312- 603-0550
312-603-9909 (fax)
Email: tenisha.wilkins@cookcountyil.gov

_____
Signature, Title & Date

_____
Address & Telephone

(Rev. 08/10)