

Resource Family and Caseworker Visit Discussion Tool

Purpose

An optional tool used to improve information sharing with your caseworker about needs and services for you and child or youth in your care.

When preparing for visits, you may consider looking over the summary of child-placing agency responsibilities. For more information, see the

Section I – General information

DATE OF VISIT	CHILD OR YOUTH NAME(S)
CASEWORKER VISITING	THEIR ROLE
VISIT LOCATION <input type="radio"/> Home <input type="radio"/> In the community: _____	

Out-of-home placement plan (OHPP): Caseworkers are to consult with foster parents as part of child's or youth's OHPP; foster parent may sign OHPP, and receive a copy. [_____]

- a. Did you participate in creating the OHPP? Yes No Not offered opportunity
- b. Were you given an opportunity to sign the OHPP? Yes No
- c. Did you receive a copy of the OHPP? Yes No
- d. Do you know the permanency plan for the child or youth? Yes No

Section II: Child's or youth's progress in the home

Write in the sections below new or updated information that you would like to share. If there are no updates, leave the sections blank or write none. In each section there are suggested questions for you to think about to help prepare for visits.

Child well-being

• Physical health

(Provide information that is important to know about child's or youth's physical health, including dentists, eye doctors, medications, and medical services being provided.)

RECENT DOCTOR APPOINTMENT <input type="radio"/> Yes <input type="radio"/> No	IF YES, DATE	CLINIC/DOCTOR
CONCERNS		

NEXT DOCTOR APPOINTMENT	REASON
CONCERNS	

RECENT DENTAL APPOINTMENT <input type="radio"/> Yes <input type="radio"/> No	IF YES, DATE	CLINIC/DOCTOR
CONCERNS		

NEXT DENTAL APPOINTMENT	REASON
CONCERNS	

MEDICATIONS <input type="radio"/> Yes <input type="radio"/> No	IF YES, LIST
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ARE YOU PROVIDING MEDICAL CARE FOR CHILD OR YOUTH AS DIRECTED BY A DOCTOR? <input type="radio"/> Yes <input type="radio"/> No
IF YES, DESCRIBE

• **School**

Questions for consideration:

If child is pre-school age, what educational services are they receiving? Describe services. For information on early childhood education visit [webpage.](#)

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Are there concerns about child's or youth's learning ability and their grades in school? Are there attendance issues reported to you from school staff? In the past 30 days, were there meetings with child's or youth's teacher or other school staff? In the past 30 days, has child been involved in extra-curricular programs or have hobbies they like to do? Are there meetings or activities scheduled in the next 30 days? Are there other concerns?

• Emotional, mental health and child development

Questions for consideration:

Are therapeutic services being provided? Are there any concerns?

Is the child or youth growing and learning like other children their age? If not, what are your impressions? For information about age-appropriate developmental milestones, see .

If the child or youth has a disability (physical or learning), what are you doing to help them? What is working or not working? What services are needed to support their care in your home?

Permanency

• Visitation

Sibling and parents

(Questions for consideration: Do you have a role or help out with visits between the child or youth and their family? If yes, what is working and not working? How does the child or youth feel before and after visits? What is their relationship like with sibling(s) and/or parent(s)? What activities do they like to do together? If siblings are not placed together, are you aware of the visitation plan for the siblings? How often are visits occurring, and how are they going? What are you doing to help encourage connections? Is there anything the caseworker can do to help?)

• **Services and training**

(Questions for consideration: What training or services do you need or want for the child or youth, and members of your family? How can the agency provide additional help for all household members?)

• **Team partnerships**

(Questions for consideration: How would you describe your experiences as a team member of the agency? What has been helpful or not helpful? Are you included in the case plan; what is your role? If not, why? What kind of information or participation would you like to have regarding the court process, the child's or youth's case plan and upcoming events? Are you invited to and/or attending case plan meetings, court hearings, or decisions regarding other agency services at this time? If no, why?)

Safety

Questions for consideration:

- Who does child or youth go to for help (for example, foster mother or father, or others in the home)? Do they tell you if they are afraid of anything? Has anything changed from your home safety checklist that the agency should know about? Do you have safety concerns or issues? For information, see
- Are there new or frequent visitors to the home that the agency should be aware of? If yes, who are they?
- For babies, do you have questions or concerns about safe sleep practices? For more information on safe sleep see

Updates

Questions for consideration:

- Is there any other information that you want the caseworker to know about (for example, planned family vacations out of state, vacation longer than three nights, extended family visitors, etc.)? You may want to review the
- Are there any other topics that didn't get covered?