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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| FOSTER CARE EDUCATION RECORDS RELEASE | | | | | | | | | | | | | | | | | | | | |
| Michigan Department of Human Services | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | |  | | | | | |  | | | | |
| Today’s Date | | | | Student Name | | | | | | | | | | | Student Date of Birth | | | DHS Case Number | | |
|  | | | |  | | | | | | | | | | |  | | |  | | |
| Agency/County | | | | Assigned Foster Care Worker | | | | | | | | | | | Worker Phone | | | Worker Email | | |
|  | | | |  | | | | | | | | | | |  | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | |
| The Uninterrupted Scholars Act (S.3472) amends the Family Educational Rights and Privacy Act to allow for a child welfare worker to obtain educational records for a student in foster care, without a court order or parent signature. This allows for faster enrollment time, as well as better case planning by the child welfare system. | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **The following records are hereby requested:** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | |  | Transcripts or report cards | | | | | | |  | Discipline records | | | | | | | | |  |
|  | |  | Test data / standardized test scores | | | | | | |  | Immunization records | | | | | | | | |  |
|  | |  | English Language (ELL) test score (if applicable) | | | | | | |  | Health / medical records | | | | | | | | |  |
|  | |  | List of courses and grades at time of withdrawal | | | | | | |  | Sport physical documentation | | | | | | | | |  |
|  | |  | Attendance records | | | | | | |  | Psychological records | | | | | | | | |  |
|  | |  | IEP (Individual Education Plan) if applicable | | | | | | |  | Copy of birth certificate | | | | | | | | |  |
|  | |  | 504 Plan (if applicable) | | | | | | |  | Multi-Disciplinary Evaluation Team information | | | | | | | | |  |
|  | |  | Surrogate parent contact information | | | | | | |  | Other | |  | | | | | |  |  |
|  | |  |  | | | | | | |  |  |  | | | | | | | |  |
|  | |  | Most recent Behavior Intervention Plan | | | | | | |  |  | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | |
| The above named student: | | | | | | | | | | | | | | | | | | | | |
|  | is placed by the court in foster care under the care and supervision of the Michigan Department of Human Services (DHS). However, no school placement change is required. | | | | | | | | | | | | | | | | | | | |
|  | **OR** | | | | | | | | | | | | | | | | | | | |
|  | is placed by the court in foster care under the care and supervision of the Michigan Department of Human Services (DHS) and has a home placement move occurring, which is leading to a change in school placement. The student is being moved to the following school: | | | | | | | | | | | | | | | | | | | |
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|  | | | | | |  | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Date of school move: | | | | |  | | | |  | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | ***Note:*** *In making this placement determination, DHS staff followed the federal “Fostering Connections Law” guidelines, attempting to place the students as close as possible to his/her school of origin for school stability.* | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | | | | | Print Name | | | | | | | | | Date | | | |
|  | | | | | | | |  | | | | | | | | |  | | | |
| cc: McKinney-Vento liaison at enrolling school | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area. | | | | | | | | | | | | | | | | | | | | |