

## EDUCATIONAL STABILITY WORKSHEET

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School of Origin: \_\_\_\_\_ School of Placement: \_\_\_\_\_

**PRESUMPTION:**        **Despite a change in residence, a child will remain in the child's school of origin ("current school") unless not in the child's best interests.**

This worksheet is to be used whether or not an Educational Stability Meeting is convened. If no meeting is held, the DHS social worker and the DOE representative should use this worksheet to determine the child's school placement and to document all communications with other agencies and/or parties in reaching that decision. Documentation of communication is especially important where all parties agree that the child should remain in his or her current school.

Where a meeting is held, it is suggested that the DOE representative compile the requested information for inquiries pertaining to the child's educational progress prior to the Education Stability Meeting. Likewise, if the DHS representative should compile the requested information concerning the child's placement. \*DOE completes. \*\* DHS completes. \*\*\*DOE/DHS completes.

Factor	Discussion Notes
<p><b>1. DOES THE CHILD RECEIVE SPECIAL EDUCATION AND RELATED SERVICES OR 504 SERVICES? *</b></p> <p><input type="checkbox"/> Sped        <input type="checkbox"/> 504</p>	
<p><b>2. CHILD'S SCHOOL PREFERENCE.***</b></p> <p><input type="checkbox"/> Prefers to remain in current school</p> <p><input type="checkbox"/> Prefers to change schools</p> <p>Reason(s): _____</p>	
<p><b>3. ATTENDANCE.*</b></p> <p>Number of Days Absent: _____        Number of Days Tardy: _____</p> <p><input type="checkbox"/> Satisfactory        <input type="checkbox"/> Unsatisfactory</p>	
<p><b>4. GRADES. *</b></p> <p>Current Grades:    <input type="checkbox"/> Satisfactory        <input type="checkbox"/> Not satisfactory</p>	
<p><b>5. DISCIPLINARY REFERRALS. *</b></p> <p>Number and type of referrals in the current school year: _____</p>	

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<p><b>6. TO WHAT EXTENT MIGHT INTERVENTIONS PROVIDED AT THE CURRENT SCHOOL ASSIST THE CHILD IN AREAS OF NEED? *</b></p>	
<p><b>7. THE CHILD IS INVOLVED IN SCHOOL AND/OR COMMUNITY EXTRACURRICULAR ACTIVITIES. ***</b></p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>List:</p>	
<p><b>8. WHAT UNIQUE NEEDS OR INTERESTS DOES THE CHILD HAVE? ***</b></p> <p><b>DOES ONE SCHOOL OR COMMUNITY HAVE PROGRAMS AND ACTIVITIES THAT ADDRESS THE UNIQUE NEEDS OR INTERESTS OF THE CHILD THAT THE OTHER SCHOOL OR COMMUNITY DOES NOT HAVE?</b></p> <p><input type="checkbox"/> Yes; if so describe</p> <p><input type="checkbox"/> No</p>	
<p><b>9. IS THE CHILD ANXIOUS ABOUT CHANGING SCHOOLS? ***</b></p> <p><input type="checkbox"/> Minimally anxious      <input type="checkbox"/> Significantly anxious</p> <p><input type="checkbox"/> With intervention, may be controlled/improved</p> <p>If yes, describe intervention(s):</p>	
<p><b>10. THE CHILD'S CONNECTIONS TO FRIENDS, TEACHERS, SCHOOL STAFF, FORMER TEACHERS, SIBLINGS AND OTHER FAMILY MEMBERS, AND OTHER SIGNIFICANT PERSONS IN THE CURRENT SCHOOL. HOW DEEP (AND POSITIVE) ARE THE CHILD'S TIES? ***</b></p> <p>Describe:</p>	
<p><b>11. ARE THERE RELATIVES AT THE CURRENT SCHOOL THAT MAY ENDANGER THE CHILD'S PHYSICAL AND/OR EMOTIONAL SAFETY? **</b></p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If so, what interventions and/or resources can be put into place?</p>	

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<p><b>12. RESOURCE CAREGIVER COMMITMENT AND SUPPORT FOR THE CURRENT SCHOOL PLACEMENT AND ABILITY TO SUPPORT THE CHILD IN THE SCHOOL OF ORIGIN (E.G. ATTENDING IEPS, SCHOOL EVENTS, TRANSPORTATION).**</b></p> <p><input type="checkbox"/> Committed and supportive      <input type="checkbox"/> Not willing or able to commit support</p>	
<p><b>13. LEGAL PARENT COMMITMENT AND SUPPORT FOR THE CURRENT SCHOOL PLACEMENT. **</b></p> <p><input type="checkbox"/> Committed and supportive      <input type="checkbox"/> Not committed nor supportive</p>	
<p><b>14. PROXIMITY OF THE CURRENT SCHOOL TO ONGOING SERVICES FOR THE CHILD, E.G. MENTAL HEALTH SERVICES, MEDICAL SERVICES, ETC. ***</b></p> <p><input type="checkbox"/> Nearby</p> <p><input type="checkbox"/> Not nearby and staying in current school would add significant travel time for the child</p> <p><input type="checkbox"/> Not nearby, but caregiver or other resources willing to transport and adverse effect on child can be managed.</p>	
<p><b>15. PROJECTED LENGTH OF CHILD'S STAY IN CURRENT HOME PLACEMENT. **</b></p> <p><input type="checkbox"/> Less than a month      <input type="checkbox"/> Remainder of school quarter</p> <p><input type="checkbox"/> Remainder of school year</p>	
<p><b>16. HOW MANY TIMES HAS THE CHILD MOVED SCHOOLS? ***</b></p> <p>Dates:</p>	
<p><b>17. THESE SCHOOL TRANSFERS HAVE ADVERSELY AFFECTED THE CHILD: ***</b></p> <p><input type="checkbox"/> Emotionally      <input type="checkbox"/> Academically      <input type="checkbox"/> Socially</p> <p><input type="checkbox"/> Behaviorally      <input type="checkbox"/> NA, child has not been adversely affected</p> <p><input type="checkbox"/> Unknown      <input type="checkbox"/> Beneficial to child</p>	
<p><b>18. IF THE CHILD CHANGES SCHOOL, CAN THE TIMING OF THE SCHOOL TRANSFER COINCIDE WITH A LOGICAL JUNCTURE, E.G. AFTER TESTING, A SCHOOL EVENT THAT IS SIGNIFICANT TO THE CHILD, OR AT THE END OF THE YEAR? ***</b></p> <p><input type="checkbox"/> Yes; if so, describe.</p> <p><input type="checkbox"/> How much time remains in the current school year?</p>	
<p><b>19. A CHANGE IN SCHOOL WILL AFFECT THE CHILD'S ABILITY TO: *</b></p> <p><input type="checkbox"/> Earn full academic credit      <input type="checkbox"/> Proceed to the next grade level</p>	

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<input type="checkbox"/> Graduate on time	
<b>20. TRANSPORTATION CHALLENGES FOR THE CHILD. **</b>  <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Severe  <b>IF MODERATE OR SEVERE, CHALLENGES CAN BE MET WITH AVAILABLE RESOURCES:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  Describe the challenges and available resources:	
<b>21. OTHER CONSIDERATIONS: ***</b>	

This checklist was completed by:

\_\_\_\_\_

DHS Social Worker (Name) & Unit

\_\_\_\_\_

DOE Representative (Name & Title)

\_\_\_\_\_

Name & Title

\_\_\_\_\_

Name & Title

**Team Recommendation:** \_\_\_\_\_

**Please Fax to: Nicole Isa-Iijima, Educational Stability Facilitator at (808) 373-4114**