

**IN THE CIRCUIT COURT OF THE                      JUDICIAL CIRCUIT  
IN AND FOR                      COUNTY, FLORIDA  
JUVENILE DIVISION**

**IN THE INTEREST OF:**

**CASE NO.:**

**MINOR CHILD(REN)**

**JUDICIAL REVIEW SOCIAL STUDY REPORT**

**Table of Contents**

I. SIGNIFICANT CHANGES SINCE LAST JR.....	2
II. CURRENT GOAL(S).....	2
III. CURRENT PLACEMENT.....	2
IV. SUMMARY OF RECOMMENDATIONS OF DEPARTMENT.....	2
V. OUTCOMES EVALUATIONS.....	4
VI. VISITATION/ FAMILY TIME.....	4
VII. PARTICIPATION.....	4
VIII. SIBLING PLACEMENT.....	5
IX. CHILD INFORMATION.....	5
X. REVIEW SUMMARY.....	7
XI. COMPLIANCE ASSESSMENT.....	7
XII. ATTACHMENTS.....	7

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**JUDICIAL HISTORY**

**JR Worksheet ID:**

Date of current Judicial Review Hearing:

Date of entry of Order Accepting Case Plan:

If requested, were relatives notified of the hearing?

Yes    No

Child Name	Date Adjudicated Dependent	Date of Last Judicial Review Hearing	Date of Last Permanency Staffing	Date by Which Next Permanency Hearing is Due	Is this also a Permanency Review?	
					Yes	No
					<input type="checkbox"/>	<input type="checkbox"/>

I. Significant changes since last Case Plan or Judicial/ Permanency Review, including changes to removal household:

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II. Current Court Approved Primary Permanency Goal

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Child Name	Primary Goal	Concurrent Goal	Effective Date

III. Current Placement of Children

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Child Name	Placement Category	Placement Type

IV. Summary of Recommendations of Department:

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**PARTIES TO CASE PLAN**

Primary Address	
Phone Number	

Alternate Phone Number	
Mailing Address	
Email Address	

Father of	
Primary Address	
Phone Number	
Alternate Phone Number	
Mailing Address	
Email Address	

Phone Number	
Address	
Email Address	

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**REASON FOR AGENCY INVOLVEMENT (DANGER STATEMENT):**

**JR Worksheet ID:**

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## V. OUTCOMES EVALUATION

							JR Worksheet ID:	
Outcome Achievement:								
Applies to the following Caregivers:						Est. Cost to Parent(s) (if applicable):		
Who	Actions/Tasks	Est. Cmpltn Date	Responsible Party for Cost	Location of Delivery of Services	Date of Service Referral	Service Referral Request Needed	Freq of Service	
Provider Name	FSFN Provider	Provider Address			Provider Phone Number	Provider Email		
Service Category	Service Type			Task Complete				
<p>Overall Outcome Progress: <input type="checkbox"/> Excellent <input type="checkbox"/> Adequate <input type="checkbox"/> Not adequate <input type="checkbox"/> No progress</p> <p>Explanation of progress assessment:</p>								

Changes in case plan goals, outcomes, actions and/or supports:  No changes needed  Changes in case plan needed  Case closure recommended

Barriers to Achieving Desired Case Plan Outcomes:

## RESOURCES

JR Worksheet ID:
Level of material and monetary support provided by the parents:
Assistance provided to the Foster Parents or Legal Guardians to address the needs of the child:
Fees assessed and collected:

## VI. VISITATION/ FAMILY TIME EVALUATION

Child Name:						
Date of Birth:				Age:		
JR Worksheet ID	Visitation With	Visitation/ Family Time	Freq.	Quality	Visitation/ Family Time Schedule	Visitation Restrictions
Duration of the child/parent/sibling visitation, if any, and agency recommendation for expansion or restriction of future visitation:						
Statement from current substitute caregiver regarding any material evidence concerning return of the child to the parent(s):						

## VII. PARTICIPATION

JR	Child Name	Was child	Is child	If Not Attending, State	Plan for participation in
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Worksheet ID	notified of Hearing?		attending?		Reason:	hearing:
	Yes	No	Yes	No		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

## VIII. SIBLING PLACEMENT

<b>JR Worksheet ID:</b>	
Are all children placed in Out of Home Care placed with all other siblings? If no, describe plan to place siblings together or reason for separation.	Yes <input type="checkbox"/> No <input type="checkbox"/>

## IX. CHILD INFORMATION

American Indian/ Alaskan Native: <input type="checkbox"/>
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### PLACEMENT HISTORY

Removal Begin Date:		Discharge Date:	Discharge Reason:	
Placement Begin Date	Service Category	Service Sub-Category	Provider Name	Placement End Date

### PLACEMENT SUMMARY

Total Number of Placements	Length of Current Removal Episode	Total Number of Removal Episodes	Total Length of Time in Removals

### CURRENT PLACEMENT

JR Worksheet ID:

What are the strengths of this placement?	
What, if any, are the problems with the placement?	
Is the placement the least restrictive, most family-like setting consistent with the child's best interest and special needs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, explain:	
Is the placement in close proximity to the child's home?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, what efforts were made to place the child closer to his or her home?	
Placement takes into account proximity to the school in which the child is enrolled at time of placement.	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, explain.	
Did the child change schools as a result of the placement change?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what efforts were made to keep the child in the same school?	
Does the placement support the level of contact to the parents that is deemed appropriate?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, describe efforts to place the child in a placement that will support the contact with the parents.	

### RESIDENTIAL GROUP CARE

JR Worksheet ID:

Is the child 11 years or older?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the child been in licensed family foster care for six (6) consecutive months or longer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the child's placement changed more than once while in licensed family foster care?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the child meet criteria for extraordinary needs as described in s. 409.1676(2)(a), Florida Statutes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes to the four questions above, has the child been assessed for placement in licensed residential group care?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, explain why not.	

If yes, did the assessment recommend residential group care?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, is the child in residential group care?		
If the child is not in residential group care, explain why not.		

<b>RILYA WILSON ACT COMPLIANCE</b>	<b>JR Worksheet ID:</b>
Is the child at least the age of 3 but under the age of 6 and under the court ordered protective supervision of the Department?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the child been attending a daycare facility for the required 5 days a week or as otherwise ordered by the court?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, explain the number and reasons for excused and unexcused absences.	
If there were two consecutive unexcused absences or seven consecutive excused absences, was the required follow-up visit to the child's residence completed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe the outcome of the visit or provide explanation of why visit was not made:	

<b>HEALTH INFORMATION</b>			
Date of Last Comprehensive Behavioral Health Assessment:			
<b>Name of Physician</b>	<b>Type</b>	<b>Address</b>	<b>Phone Number</b>

<b>MEDICATION INFORMATION</b>					
<b>Prescribed Medication</b>	<b>Is Medication Psychotropic?</b>	<b>Date Prescribed</b>	<b>Date Stopped</b>	<b>Parental/Guardian Consent or Court Order Required?</b>	<b>Date Obtained</b>
	Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>MEDICAL/ MENTAL HEALTH SUMMARY</b>
Summary of child's current medical, dental and/or mental health issues, treatments and diagnoses:

<b>CURRENT EDUCATION INFORMATION</b>	
Current School Name:	
Current School Address:	
Current School Phone Number:	
Current Grade Level:	
Is the child an ESE student?	Yes <input type="checkbox"/> No <input type="checkbox"/>
ESE Programs:	
Does the child have an Individualized Education Plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, the date of the most recent IEP:	
Does the child have an education surrogate parent appointed by the district superintendent or dependency court?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If the child does not have an education surrogate parent appointed by the district superintendent or dependency court and the child is an ESE student and in an Out of Home Placement, explain why.	
Is the child performing on current education level?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, explain.	

<b>EDUCATION HISTORY</b>					
<b>School Name</b>	<b>School District</b>	<b>School Address</b>	<b>Program Type</b>	<b>Start Date</b>	<b>Reason for Change</b>

<b>INDEPENDENT LIVING SERVICES</b>			
Initial Date of Referral for Independent Living Program:			
<b>Age Assessment Completed</b>	<b>Pre-IL/IL Assessment Completed</b>	<b>IL Staffing Completed</b>	<b>Specific Need(s)</b>
13			
Results of the Pre-IL/IL Assessment, any specific needs, if applicable, and the worker's assessment of the adequacy of the youth's preparation for adulthood and living independently.			

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### EDUCATION AND CAREER PATH

For a child 13+ and in licensed foster care, he/she has chosen one of the following post-secondary goals:

- Attending a 4 year college, or university or community college plus university or a military academy.
- Receiving a two year post-secondary degree.
- Attending a post secondary career or technical certificate.
- Beginning immediate employment, including apprenticeship after completion of a high school diploma or its equivalent or enlisting in the military

**Describe the youth's progress and any obstacles the youth is facing in achieving their education and career path.**

If this is the Judicial Review hearing that is being held within the month that begins the 6 month period before the youth's 18<sup>th</sup> birthday, when placed in licensed foster care, has a plan to outline the youth's transition to adulthood been submitted to the court?

Yes  No

### MASTER TRUST INFORMATION

Does the child have a master trust account? (If yes, attach Statement of Account)

Yes  No

If no, does the child need a master trust account established?

Yes  No

If a master trust account needs to be established, then the case manager will establish one on or before:

## X. REVIEW SUMMARY

JR Worksheet ID:

**Significant Changes Since Last Case Plan or Judicial/Permanency Review, including changes to removal household:**

If sufficient progress has not been made toward achieving the permanency goal, identify efforts that will be made to implement a concurrent permanency goal:

Summary recommendations to the court:

## XI. COMPLIANCE ASSESSMENT

JR Worksheet ID:

Participant Name	Compliance

## XII. ATTACHMENTS TO COURT REPORT

JR Worksheet ID:

### Medical/ Mental Health

Medical records  Attached  Not Attached Reason:

Mental Health records  Attached  Not Attached Reason:

Immunization records  Attached  Not Attached Reason:

Dental Records  Attached  Not Attached Reason:

### Education

Report cards	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason:
Individual Education Plan (if applicable)	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason:
Other school records	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason:
Day Care Attendance Records (if applicable for Rilya Wilson Act)	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason:
<b>Independent Living</b>	
Pre-independent Living Assessment (applicable based on age at time of JR)	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason:
Independent Life Skills Assessment (applicable based on age at time of JR)	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason:
<b>Master Trust (if applicable)</b>	
Notice of Fee Assessment and Rights of Foster Child Regarding Government Benefits	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason:
Quarterly Accounting Statement	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason:
<b>Optional Attachments</b>	
Safety Plan	<input type="checkbox"/> Attached
FFA - Ongoing	<input type="checkbox"/> Attached
Progress Update	<input type="checkbox"/> Attached
Other:	<input type="checkbox"/> Attached Describe Other:



**NOTICE TO PARENTS:**

**THE JUDICIAL REVIEW HEARING IS VERY IMPORTANT. AT THE JUDICIAL REVIEW HEARING THE COURT WILL DECIDE WHETHER TO RETURN YOUR CHILD(REN) TO YOU, TO PLACE YOUR CHILDREN WITH OTHER FAMILY MEMBERS/NON-RELATIVES, TO LEAVE YOUR CHILD(REN) IN FOSTER CARE, OR TO START PROCEEDINGS TO CONSIDER ADOPTION FOR YOUR CHILD(REN).**

**YOU HAVE A RIGHT TO OBTAIN YOUR OWN ATTORNEY FOR THE JUDICIAL REVIEW HEARING AND ALL SUBSEQUENT HEARINGS. YOU HAVE A RIGHT TO REQUEST THE COURT APPOINT AN ATTORNEY IF YOU CANNOT AFFORD TO HIRE AN ATTORNEY. THIS RIGHT TO REQUEST A COURT APPOINTED ATTORNEY CONTINUES AT EACH AND EVERY STAGE OF A DEPENDENCY PROCEEDING, EVEN IF YOU HAVE PREVIOUSLY WAIVED THIS RIGHT.**

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**XIII: SIGNATURE PAGE**

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**Signature – Worker**

**Date Signed**

**Signature – Supervisor**

**Date Signed**

**Signature – Attorney**

**Date Signed**

**Signature – Other**

**Date Signed**

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a copy of the foregoing has been furnished by U. S. mail/hand delivery/electronic  
delivery/facsimile to:

This        day of        , 20        .

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**CLS Attorney**

**Date:**