

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

**IN THE INTEREST OF:**

**CASE NO.:**

**JUDICIAL REVIEW SOCIAL STUDY REPORT  
FOR EXTENDED FOSTER CARE**

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**JUDICIAL HISTORY**

Date of current Judicial Review Hearing:

Date of entry of Order Accepting Case Plan for Extended Foster Care:

Date Adjudicated Dependent	Date of Last Judicial Review Hearing	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**

**II. CURRENT COURT APPROVED PRIMARY PERMANENCY GOAL**

Transition from Licensed Care to Independent Living

Effective Date:

**III. CURRENT SUPERVISED LIVING ARRANGEMENT OF YOUNG ADULT**

**IV. SUMMARY OF RECOMMENDATIONS OF THE DEPARTMENT**

Summary of Services provided to Young Adult:

Summary of Young Adult's progress toward meeting case plan goal:

**PARTIES TO CASE PLAN**

Primary Address	
Phone Number	
Alternate Phone Number	
Mailing Address	
Email Address	

Phone Number	
Address	
Email Address	

**V. OUTCOMES EVALUATION**

<b>Outcome applies to the following young adult:</b>							
<b>Outcome will be achieved when:</b>							
<b>Estimated Cost to young adult (if applicable):</b>							
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		

**Overall Outcome Progress:**  Excellent  Adequate  Not adequate  No progress

**Explanation of progress assessment:**

**Progress Toward Achieving Case Plan Goals:**  Excellent  Adequate  Not adequate  No progress

**Explanation of progress assessment:**

**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**

Assistance provided to the young adult to address his or her needs:

Assistance provided to the Foster Parents or Legal Guardians to address the needs of the young adult:

**VI. PARTICIPATION**

<b>Was young adult notified of Hearing?</b>	<b>Is young adult planning to attend?</b>	<b>If not attending, state reason:</b>	<b>Plan for participation in hearing:</b>
<b>Yes No</b>	<b>Yes No</b>		
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		

<b>Date the young adult was informed of the need to draft document:</b>	<b>Did young adult indicate interest in drafting this document?</b>	<b>If yes, the date the young adult provided input into this document:</b>	<b>Describe how the young adult participated or why they did not:</b>
	<b>Yes No</b>		
	<input type="checkbox"/> <input type="checkbox"/>		

**SUPERVISED LIVING ARRANGEMENT**

Type of supervised living arrangement:	
How does the supervised living arrangement provide the young adult with a level of supervision consistent with his or her individual education, health care needs, permanency plan, and independent living goals:	
How does the supervised living arrangement offer, at a minimum, life skills instruction, counseling, educational support, employment preparation and placement, and development of support networks:	
Describe the strengths of this supervised living arrangement:	
Describe any problems with the supervised living arrangement:	

**VII. EDUCATION INFORMATION**

Current School Name:	
Current School Address:	
Current School Phone Number:	
Current Grade Level:	
Is the young adult an ESE student?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
ESE Programs:	
Does the young adult have a Transitional Individualized Education Plan?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
If yes, the date of the most recent TIEP:	
Is the young adult performing on current education level?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
If no, explain.	

Current School Name:	
Current School Address:	
Current School Phone Number:	
Type of Program:	

Number of hours currently enrolled:	
Total credits earned to date:	
Is Young Adult also in Postsecondary Educational Services and Support [PESS]?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other relevant information for PESS enrollment:	

### VIII. EMPLOYMENT INFORMATION

EMPLOYMENT OR PROGRAM TO PROMOTE OR ELIMINATE BARRIERS TO EMPLOYMENT	
Is the young adult employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the name and address of the employer:	
Number of hours worked per month:	
Is the young adult participating in a program or activity designed to promote or eliminate barriers to employment:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the name of the program or activity:	

CONDITION EXEMPTING PARTICIPATION REQUIREMENTS EMPLOYMENT	
Nature of condition:	
Is there documentation of condition included:	<input type="checkbox"/> Yes <input type="checkbox"/> No

### IX. REVIEW SUMMARY

<b>Significant changes since last Case Plan or Judicial/Permanency Review:</b>
<b>Summary of recommendations to the court:</b>

### X. ATTACHMENTS TO COURT REPORT

Education	
Grades or Progress Reports	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason:
Transitional Individual Education Plan (if applicable)	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason:
Independent Living	
Caregiver Statement	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason:
Transition Plan	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason:
Optional Attachments (select and attach to Judicial Review)	
Documentation of conditions exempting participation	<input type="checkbox"/> Attached
Other:	<input type="checkbox"/> Attached
Other:	<input type="checkbox"/> Attached
Other:	<input type="checkbox"/> Attached

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**SIGNATURE**

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**Young Adult:****Date Signed**

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**Case Manager:****Date Signed**

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**Case Manager Supervisor:****Date Signed**

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**Legal Guardian of Young Adult:****Date Signed**

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**CLS Attorney:****Date Signed**

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**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:**