



## Partnership for Children in Out-of-Home Care CASE MANAGER/CASE WORKER REVIEW OF FOSTER PARENT

The purpose of this review is to obtain your feedback on how this Foster Parent has fulfilled the Partnership Plan.

\_\_\_\_\_  
Name – Foster Parent(s) / Agency

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child(ren)'s Name, with DOB following each name

The above-named child(ren) is currently placed in or has recently left the foster home, and your input is needed to assess the quality of care and consistency with the Partnership for Children Agreement. Your responses are important for the ongoing assessment and development of the foster family and for successful implementation of the Partnership Agreement.

**Please rate the following:**

**1 – Never; 2 – Sometimes; 3 – Consistently/Always; N/A – Not Applicable; Don't Know**

Provide comment(s) for all "1" and "2" ratings.

The Foster Parent(s) have:

1. Shown concern, acceptance and support for the child through praise, showing appropriate affection, listening to the child, and soliciting the child's input.

**1 – Never**

Comments:

**2 – Sometimes**

**3 – Consistently/Always**

**N/A – Not Applicable**

**Don't Know**

2. Treated the child as a family member and has integrated the child into the family by taking the child on family outings, participating in the child's school and social activities, and providing healthy meals that are enjoyed as a family.

**1 – Never**

Comments:

**2 – Sometimes**

**3 – Consistently/Always**

**N/A – Not Applicable**

**Don't Know**

3. Made and fulfilled a commitment to keeping the child in the home for the planned period of time or until permanency is achieved unless the family was clearly unable to care for the child or the move was in the child's best interest.

**1 – Never**

Comments:

**2 – Sometimes**

**3 – Consistently/Always**

**N/A – Not Applicable**

**Don't Know**







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19. Worked in partnership with the child's family, including birth parents and/or relatives, as appropriate, to ensure the child maintained connections through visitation and other means of ongoing communication.

- 1 – Never**
- 2 – Sometimes**
- 3 – Consistently/Always**
- N/A – Not Applicable**
- Don't Know**

Comments:

20. When appropriate, worked with the child's birth family to improve their ability to care for and protect the child.

- 1 – Never**
- 2 – Sometimes**
- 3 – Consistently/Always**
- N/A – Not Applicable**
- Don't Know**

Comments:

21. Demonstrated awareness and sensitivity to the child's trauma or history of trauma and the impact of this on the child's behavior.

- 1 – Never**
- 2 – Sometimes**
- 3 – Consistently/Always**
- N/A – Not Applicable**
- Don't Know**

Comments:

\_\_\_\_\_

Case Manager/Agency

\_\_\_\_\_

Date

\_\_\_\_\_

Case Manager Supervisor/Agency

\_\_\_\_\_

Date