Policy Guide 98.13

Protocol For Sharing Educational Information About
Department Children and Youth Stepping-Down from
Residential Placement

RELEASE DATE: November 16, 1998

TO: Rules and Procedures Bookholders and Child Welfare Staff

FROM: Jess McDonald, Director

EFFECTIVE DATE: December 1, 1998

I. PURPOSE

The purpose of this Policy Guide is to define a process and timelines for information sharing and collaboration between the Department and a school system to facilitate the educational transition of children and youth stepping down from residential placement to attendance at local schools. **The Department is committed to providing all school districts a 30 day notice and a child’s educational information when a child or youth will be stepping down from residential care into the local school system.**

II. PRIMARY USERS

Primary users of this Policy Guide are child welfare staff and child welfare supervisors in the Department and purchase of service agencies who are responsible for children being transitioned from residential care to community placements.

III. KEY WORDS

Education, step-down, residential placement, local school systems, Chicago Board of Education.

IV. BACKGROUND

The Department of Children and Family Services (DCFS) and the Chicago Public Schools (CPS) have developed a protocol to provide educational information to schools - generally 30 days prior to the child’s or youth’s local placement. The protocol was developed to support the Department’s and the schools’ mutual goals to ensure that appropriate educational services are provided to those children and youth for whom the Department is legally responsible and who are transitioning from residential facilities and group homes located within and outside the State of Illinois to other living arrangements where they will
be attending school in their local community. For purposes of this protocol, this transition process will be referred to as “step-down”.

Details of the protocol with the Chicago Public Schools follow.

V. PROTOCOL

The protocol for children and youth engaged in the step-down process is intended to ensure adequate and timely planning for their receipt of appropriate educational services. Essential elements of the protocol are timely communication between DCFS and the local education agency (LEA) regarding the educational needs of identified children and youth and the identification and location of educational services. It is anticipated that children and youth involved in the step-down process will have a variety of unique and complex educational considerations. As such, the protocol provides the maximum amount of planning time as practical for DCFS and the LEA to exchange information and engage in a collaborative process to consider and meet the individual educational needs of each child or youth.

The following protocol has been implemented by DCFS and the Chicago Public Schools (CPS) and will be revised as needed.

A. DCFS shall take all necessary and reasonable steps to ensure that CPS receives adequate notice that a child or youth for whom the Department is legally responsible needs to be enrolled in an appropriate publicly-funded educational setting.

1. To the extent possible, DCFS will give the CPS 30 days written notice of an intended step-down of a child or youth for whom the Department is legally responsible who will be moving into or within the CPS system in order that CPS may facilitate and coordinate the provision of educational services. DCFS and CPS recognize that there will be exceptions to the 30-day notice provision since DCFS’ placement decisions may be affected by factors external to DCFS and not subject to its control (such as psychiatric hospital placements where the average stay is 21 days, court orders, out-of-state placement disruptions, or the closing of a residential facility which necessitates new placements in less than thirty days.)

2. Once DCFS identifies that a child or youth who is a ward will be stepped-down, DCFS will forward his/her educational records to the designated person at CPS Central Office.

3. As soon as DCFS has notice that a child or youth who is a ward will be stepped-down and the location or approximate location (i.e., Zip Code, geographic area) where he/she will reside has been determined, DCFS will provide this information to the designated person at CPS Central Office.

4. DCFS will share pertinent data about a child or youth who is a ward with the LEA. Examples of data which may be shared include: the child’s or youth’s name, age, gender, primary language, projected placement address, DCFS identification number, name and telephone number of the DCFS or POS caseworker and the caseworker’s supervisor’s name and telephone number.
B. After DCFS determines the location of a child’s or youth’s placement, DCFS and CPS will promptly discuss individual student assessment and planning.

1. Once DCFS knows the child’s or youth’s new address, the agency will provide the CPS Central Office with the following information: completed questionnaire specifically designed for the step-down process; the child’s or youth’s new address; immunization information; a release of information form; and if the child or youth who is a ward is currently participating in special education, a copy of his/her most recent Individualized Education Program (“IEP”).

2. Upon receipt of this information from DCFS, the CPS Central Office designee will promptly call the child’s or youth’s DCFS or POS (private agency) child welfare worker to discuss the questionnaire and to determine appropriate school placement.

3. If the CPS Central Office designee and the DCFS or POS child welfare worker determine that a child or youth is eligible or potentially eligible for special education services, CPS will immediately request the appointment of a surrogate parent by the Illinois State Board of Education (ISBE).

4. If the CPS Central Office designee determines that a child or youth is in need of a specialized school placement, the case will be forwarded to the appropriate CPS personnel.

5. If the child or youth is in need of a general school placement, the CPS Central Office designee will notify the appropriate local school to prepare for his/her enrollment.

6. Once CPS has identified the appropriate school placement, the CPS Central Office designee will arrange a meeting with the DCFS or POS caseworker, foster parent, the child or youth who is a ward (when chronologically age-appropriate), local school personnel and surrogate parent (as appropriate) to develop a plan at the school identifying and effectuating the appropriate supports if necessary for the child or youth to be enrolled and educationally successful.

C. The CPS shall take all reasonable and necessary steps to ensure that a child or youth who is a ward is enrolled in an appropriate publicly funded educational setting within two school-days of his/her stepping-down into or within the CPS. Exceptions to the two school-day general policy related to unique circumstances are subject to agreement by CPS Chief Specialized Services Officer and the DCFS Guardian that additional planning and implementation time is necessary to meet the individual educational needs of the child or youth.

D. DCFS and CPS recognize and agree that a substantial amount of information about the child or youth identified in Section A(4) and B(1) above is considered privileged and confidential and as part of his/her mental health record, will be released only to
CPS’ Central Office designee, with DCFS’ Guardian’s consent. Additionally, this information may be shared with local school staff only with the consent of the DCFS Guardian.

1. CPS agrees to obtain and retain locked file cabinets to be physically located at the school district administrative offices for the purpose of storing this information.

2. CPS agrees to develop strict procedures to ensure that only those designated individuals who have been authorized to retrieve and/or review this information are permitted access to the locked file cabinets.

3. CPS agrees to maintain a record of access or disclosure of the child’s or youth’s educational records and to report to DCFS any access to this information by unauthorized individuals and any unauthorized public dissemination of this information.

4. DCFS and CPS agree that only information jointly determined to be necessary to provide supports for the child’s or youths educational success will be provided to the local school.

5. The information shall not be considered to be part of the child’s or youth’s temporary record while he or she attends school in the CPS district.

E. DCFS will promptly notify the CPS Central Office designee who has a child’s or youth’s information (as identified in Sections A[4] and B[1]) in his or her possession, in writing, if the child or youth will not be attending school in the CPS.

1. Upon receiving this notification by DCFS, the CPS Central Office designee will destroy the information, preferably by shredding.

2. Once CPS has destroyed the information, CPS shall notify DCFS of its action in writing.

VI. CHILD WELFARE WORKER RESPONSIBILITY

1. Consistent with the above-described Protocol, once DCFS determines that a child or youth for whom it is legally responsible will be stepped-down, the assigned child welfare worker will request the child or youth’s educational records from the residential facility. Form CFS 582, Educational Information for Step-down Transition from Residential Placements, shall be used for that purpose. (Copy attached.)

2. In the event that the residential facility does not or cannot return the completed CFS 582 within thirty days, the assigned child welfare worker shall complete the CFS 582 using data from the child’s or youth’s case record.

3. When the child’s or youth’s educational records are received from the residential facility or assembled from records previously obtained, the child welfare worker will
forward the CFS 582, any IEPs and related documents to the designated person at local education agency.

4. At the request of school personnel, the assigned caseworker is expected to participate in meetings with school personnel, foster parent, surrogate parent (as appropriate) and the child or youth (as appropriate) to develop and implement plans for the child or youth educational transition.

VII. APPLICABILITY

The above-described Protocol was developed in conjunction with the Chicago Public Schools as the local education agency for that community. DCFS and POS child welfare staff enrolling children and youth in the Chicago Public Schools are expected to follow its procedures and timelines.

Outside the area served by the Chicago Public Schools system, the Protocol shall be used as a model by Regional Administrators and their staff to develop agreements with local education agencies or individual schools throughout the state where structured planning is needed to facilitate the educational transition. Local or regional conditions may require modification of some aspects of the protocol.

Regardless of whether or not an agreement with a local education agency is in place, DCFS and POS child welfare staff must always:

X work proactively and collaboratively with local education agencies to meet the developmental and educational needs of children and youth for whom the Department is legally responsible;

X actively participate with local education agencies and schools in the development of plans to meet the developmental and educational needs of children and youth for whom the Department is legally responsible;

X provide local education agencies 30 days written notice when a child or youth will be “stepping down” from residential care into the local school system; and

X share information with the local education agency which will aid the development of education plans appropriate to the needs of children and youth for whom the Department is legally responsible consistent with Part 431, Confidentiality of Personal Information of Persons Served by the Department of Children and Family Services.

VIII. FORMS

A copy of the CFS 582, Educational Information for Step-down Transition from Residential Placements, is attached. Supplies of this form may be photocopied as needed or ordered from Central Stores in the usual manner.

IX. FILING INSTRUCTIONS
This Policy Guide shall be filed after Procedures 314, Educational Services, in your volume of rules and procedures.
Educational Information for
Step-down Transition from Residential Placements
Part One

Note to Child Welfare Workers: This form is intended to facilitate the educational transition for youth who are returning to a community placement from residential care. Please complete the form for each youth who will be enrolling in a community school. It is preferable that Part Two of the form be sent to the residential facility for completion by the educational administrator in the current residential setting. If this cannot be accomplished in a timely manner, Part Two should be completed by the worker using information from the education records. The Individualized Education Plan (IEP) and related documents must be attached to the completed CFS 582 forwarded to the school district if the youth is eligible for or receiving special education services.

<table>
<thead>
<tr>
<th>Youth Name</th>
<th>DOB</th>
</tr>
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<tbody>
<tr>
<td>DCFS ID</td>
<td>R-S-F</td>
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<table>
<thead>
<tr>
<th>Child Welfare Worker</th>
<th>Child Welfare Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Name</td>
</tr>
<tr>
<td>Agency Name</td>
<td>Agency Name</td>
</tr>
<tr>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>Phone</td>
<td>Phone</td>
</tr>
</tbody>
</table>

Caregiver (in the community)

| Name |
| Address |
| Phone |

Comments
Residential Service Provider:

Please provide the following information to help facilitate a smooth transition into the student’s new school and environment. Please have the person in your facility with the most educational information about the student fill out this form. Thank you in advance for your assistance.

<table>
<thead>
<tr>
<th>STUDENT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name ____________________________ Nickname ________ Date of Birth ________</td>
</tr>
<tr>
<td>Gender ______________________ Primary Language __________________________</td>
</tr>
<tr>
<td>Grade __________ Number of credits earned ________ Date Enrolled __________</td>
</tr>
<tr>
<td>Previous enrollment in district where placement is anticipated?  Y ___ N ____ Unknown ______</td>
</tr>
<tr>
<td>Identifiable Disability: ________________________________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INFORMATION FOR EDUCATIONAL CONSIDERATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has the student had a medical examination within the last year?  Y ___ N ___ Date ________</td>
</tr>
<tr>
<td>2. Are the student's immunizations current? Y _____ N ______</td>
</tr>
<tr>
<td>3. How does the student best learn (e.g. visual stimulation, hands-on)? ____________________________</td>
</tr>
<tr>
<td>4. List the student's strengths and abilities including his/her peer relationships: ________________</td>
</tr>
<tr>
<td>5. Is the student receiving special education services? Y ____ N ________</td>
</tr>
<tr>
<td>If yes, list eligibility ____________________________</td>
</tr>
<tr>
<td>If yes, list services ____________________________</td>
</tr>
<tr>
<td>6. Is the student performing at grade level in all subjects (e.g. reading, math, science, etc.)? Y ____ N ____ If no, specify subject(s) and grade level(s) ____________________________</td>
</tr>
<tr>
<td>7. What is the student to teacher ratio in the student’s current classroom? ________________</td>
</tr>
<tr>
<td>Recommended student to teacher ratio for this student: ____________________________</td>
</tr>
<tr>
<td>8. What modifications have been provided for the student in the current educational program? ________________</td>
</tr>
<tr>
<td>9. Has a case study evaluation been conducted by an educational agency that is approved by your state? Y ____ N ______</td>
</tr>
<tr>
<td>Was the evaluation conducted by the public school? Y ____ N ______</td>
</tr>
<tr>
<td>Date of multidisciplinary staffing (MDC) ____________________________</td>
</tr>
</tbody>
</table>
Did a parent/guardian, foster parent or surrogate parent attend the staffing?  ___ No
___ Yes  If Yes, who attended? _______________________________________

Date of most recent Individualized Education Program (IEP): _______________

Copy of IEP attached? Y ____  N ______

10. Is a current IEP available?  Y ____  N ____  Please indicate date: ______________

11. If the student has an IEP and is 14 1/2 years of age or older, has a transitional plan to post-
secondary been developed?  Y ____  N ____  If yes, date: ______________

12. Has the student been involved in extracurricular activities?  Y ____  N _____
If yes, please list the activities. __________________________________________

13. What other supports does the student require in order to be successful? __________________
________________________________________________________________________

14. Does the student access resources available in the community (e.g. park district programs, church,
library, YM/YWCA, restaurants, etc.)?  Y ____  N ____
If yes, please list the most used resources: __________________________________
How often? ____________________________________________________________

15. Has the student been employed?  Y ____  N ____
If yes, please indicate the type of employment: ______________________________

16. Has the student been hospitalized within the last two years?  Y ____  N _____
Date(s) _____________ Purpose _____________________________________________

17. Is the student on medication?  Y ____  N ______
Purpose
Medication name __________________________ Dosage and frequency __________________
Medication name __________________________ Dosage and frequency __________________
Medication name __________________________ Dosage and frequency __________________

18. Identify any behavioral issues that the school needs to be aware of in order to provide for the
student’s safety and/or the safety of others? ____________________________________
List supports and interventions which are needed to manage these behaviors.

Please indicate any reason for safety concern(s) for child/youth or others:

____________________________________________________________________________

____________________________________________________________________________

19. Please indicate any special considerations (e.g. language, social relationships, gang affiliation) or additional information that will be helpful in planning for this student’s transition and education.

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Name of person completing form: ________________________________________________

(Please type or print legibly)

Title: _______________________________________________________________________

Name of Facility: __________________________________________________________________

Signature: ____________________________ Date: ___________________________