

Model Court Report for Post Termination of Parental Rights Hearings

Court Date: _____

I. Background Information

Date of this report: _____

Child's Name: _____ DOB: _____ File#: _____

Age _____ Child's GAL: _____

Prior Legal Proceedings	<u>Date</u>
Non-Secure Custody Order	
Petition Filed	
First Continued Custody Hearing	
Other Continued Custody Hearing	
Adjudication Hearing	
Disposition Hearing	
First Custody Review	
Permanency Planning Hearing	
Other Reviews	
Termination of Parental Rights Hearing	

Placements

Days in Care: _____

Current Placement: _____

Type/Relation _____ Date: _____

Previous Placement: _____

Type/Relation _____ Date: _____

II. Current Situation of Child

Is there any information to indicate that the child may be subject to the Indian Child Welfare Act?

Yes _____ **No** _____ Explain (if yes, complete DSS-5291) _____

Have any relatives been identified as potential placement providers since the last hearing? **Yes** _____ **No** _____

Is a kinship care assessment already in progress? **Yes** _____ **No** _____

If Yes to either, indicate names and status of kinship assessment. _____

Change of placement: If the child's placement has changed since the last court review, list the reasons for the change in placement: _____

Educational Stability: Current school placement: _____ Current grade: _____

Is it in the best interest of the child to remain in the same school in which he/she was enrolled prior to placement? **Yes** _____ **No** _____ If Yes, what efforts are being made to allow the child to remain in the same school? _____

If it is not in the child's best interest, has DSS and the local education authority arranged for immediate and appropriate enrollment in a new school and for immediate transfer of all educational records?

Yes _____ **No** _____

Is the child on track academically for their current grade? **Yes** _____ **No** _____ If No, what general education support services are being provided to assist the child in being successful in school? _____

Has the child experienced a change in schools as a result of a change in foster care placement? **Yes** _____ **No** _____ If Yes, how many times has this occurred? _____

Does the child have physical, emotional, medical, or mental health issues that may qualify the child for services under IDEA/Section 504 and/or may impact educational performance? **Yes** _____ **No** _____
If Yes, what services is the child receiving to address these issues? _____

Child Status and Strengths/Needs (include mental health and physical/dental health):

Delinquent/Undisciplined History of Child (when relevant): _____

Transitional Living Plan for Youth, age 16 and older: What services are currently being provided to the youth to implement their transitional living plan? _____

What is the current progress of the youth in acquiring the skills necessary to transition to self-sufficient adulthood? _____

Attach the current Transitional Living Plan to the court report per [G.S. § 7B-906.1](#).

Has the child been listed for adoptive placement with the North Carolina Adoption Resource Exchange, the North Carolina Photo Adoption Listing Service (PALS), or any other specialized adoption agency?
Yes _____ **No** _____ Explain if needed _____

III. Case History

Child and Family Team Meetings: Date Held _____

Visitation: Describe visitation plan for siblings or other relatives: (attach current visitation plan)

Other Significant Information: _____

IV. Efforts by DSS Agency

The DSS agency has made efforts since the last hearing toward achieving the following primary plan: Adoption ____ Guardianship ____ Custody ____ Another Permanent Planned Living Arrangement ____ Reinstatement of Parental Rights ____; and the concurrent plan of: _____.

Why were these plans chosen and describe how it meets the child's best interests: _____

The following efforts have been made to achieve the above-indicated plans:

Date	Effort	Result

Barriers to Achieving the Permanent plan(s) (list):

V. Recommendations

_____ County DSS respectfully requests that this Court adopt the following recommendations:

Find that the efforts made by _____ County DSS were reasonable to achieve the plan(s) of:
 _____ (list any plans that were in effect since the most recent hearing).

Recommended Permanent Plans: _____

Additional court-ordered services needed to achieve the recommended plans: _____

Based on the case plan, DSS makes the following additional recommendations:

DSS recommends that the child's placement/custody should change _____ stay the same_____. Explain:

Recommended changes to the visitation plan: _____

When and what kind of hearing should be held next: _____

Respectfully Submitted,

Social Worker

Social Work Supervisor