

**Re: Child Name:** \_\_\_\_\_  
**Court Case Number:** \_\_\_\_\_

**To: Foster Parents/~~Kinship~~ Caregiver**

Thank you for your service as a foster parent/kinship caregiver. The court recognizes that foster parents/kinship caregivers are an essential part of the Kansas child welfare system. Kansas law allows foster parents/kinship caregivers to provide information to the court concerning the child(ren) in their care:

“The secretary shall notify the foster parent or kinship caregivers that the foster parent or kinship caregivers have a right to submit a report. Copies of the report shall be available to the parties and interested parties. The report made by foster parents or kinship caregivers shall be on a form created and provided by the Kansas Department for Children and Families (DCF).” K.S.A. 38-2261.

When children have been placed by the court in the custody of the Department for Children and Families (DCF) for out of home placement. DCF contracts with child placing agencies to provide services to children and their families. As a part of the DCF/provider contracts child placing agencies are responsible to notify the foster parents and parents of upcoming hearings.

Kansas law also requires that foster parents or kinship caregivers have a right to be heard at each permanency hearing which includes permanency hearings conducted by a Citizen Review Board. The right to be heard may be done by attending the permanency hearing and/or submitting the foster parent or kinship caregiver court report. If you choose to submit a report to the court, please use the attached report form.

The following is the name of the Judge and the address of the court to which the report may be sent (unless otherwise directed by the court). If the name or address changes, the updated information will be provided to you. Notice of the hearing dates will be provided at the previous hearing or by first class mail.

Name of Judge/Recipient: \_\_\_\_\_

Address of Court: \_\_\_\_\_

We hope you will take advantage of this opportunity to communicate your thoughts with the court.

Child's Name:	
Foster Parent or Kinship Caregiver Name (s):	
Date of Report:	
Child's Case Manager:	

**Child's Progress:**

The child's progress described below occurred during the following timeframe:

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Please circle the word which best describes the child's progress:

1. Child's adjustment in the home:  
excellent      good      satisfactory      needs improvement
2. Child's interaction with foster parents and family members:  
excellent      good      satisfactory      needs improvement
3. Child's interaction with others:  
excellent      good      satisfactory      needs improvement
4. Child's respect for property:  
excellent      good      satisfactory      needs improvement
5. Physical condition of the child:  
excellent      good      satisfactory      needs improvement

(This form supersedes Appendix 6B REV 1/07)

6. Emotional condition of the child:

excellent      good      satisfactory      needs improvement

7. School status of child – attach a copy of the school report and/or grade cards to this report:

School District:		Grade:	
Grades:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Attendance:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Behavior:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

8. Describe the frequency of interactions, and any significant events which have occurred with the child's Case Management Team. Members should include but are not limited to parents of the child, DCF, Guardian *ad litem*, and CASA:

Person	Relationship to the child	Type of Interaction	Frequency of Interactions	Outcome of Interactions

9. Does the child have opportunities to engage in on-going age or developmentally appropriate activities such as sports, music programs, and community organizations? ☐ Yes ☐ No

Provide a list of the opportunities:

1	
2	

3	
4	
5	

10. Please comment on your assessment/observation regarding the overall adjustment, progress, and condition of the child:

11. Please comment on your assessment/observations regarding any concerns and progress regarding the parents/caregivers of the child.

12. Do you have any special concerns or comments with regard to the child not addressed by this form? Please specify.

