

### EDUCATION PROFILE (ASSESSMENT)

**INSTRUCTIONS:** To be completed as part of the educational profile (assessment) process for all children for whom DCFS is legally responsible who are placed in substitute care living arrangements. Reference evaluation reports which contain child specific areas of concern suggesting referrals to and participation in preschool education or special education programs. Information contained in a completed Education Report Form (CFS 407) should be used to complete this profile (assessment). Every item requires a response. Indicate N/A where appropriate.

**CHILD'S NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**I. CHILD STATUS**

1. **Has the child (preschool only) received a developmental evaluation?** Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list date(s), evaluation(s) and findings regarding child's areas of strength and concern.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Document the actions taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **Has the child received a medical examination?** Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list date(s), evaluation(s) and findings regarding the child's health status.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Document the actions taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **Has the child received a vision screening?** Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list date(s), evaluation(s) and findings regarding the child's vision status.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Document the actions taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **Has the child received a hearing screening?** Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list date(s), evaluation(s) and findings regarding the child's hearing status.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Document the actions taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

II. INTERVIEWS

1. **Interview the child's classroom teacher and/or other school/preschool personnel.** Review a completed CFS 407, Education Report Form. Do comments or the report from school/preschool personnel identify:

- a. possible need for a special education case study or early intervention evaluation?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. disabilities or other conditions which might limit learning and other school/preschool achievement?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- c. specific abilities, talents, interests, and friendships that should be developed?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- d. how the child learns best? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- e. other areas of concern? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- f. any other information that will enhance the child's education? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **Interview the child's biological parents** (or adoptive parents if the immediate past placement was an adoptive home) regarding the child's educational/developmental progress. Do the parents identify any specific abilities, interests, and friendships that should be developed or any areas of concern that may limit learning and other school/preschool achievement? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **Interview the foster parent(s)** regarding the child's educational/developmental progress. Do the foster parent(s) identify any specific abilities, interests, and friendships that should be developed or any areas of concern that may limit learning and other school/preschool achievement? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **Interview the child** regarding his/her current school/preschool placement and performance. Does the child indicate any specific abilities, interests, and friendships that should be developed or any areas of concern that may limit learning and other school/preschool achievement? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's perspective regarding educational goals, achievements, frustrations, and friendships: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. EDUCATIONAL/DEVELOPMENTAL HISTORY**

1. **Has the child ever been classified eligible for special education/early intervention (birth to three) services?**  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, classification(s) given: \_\_\_\_\_  
\_\_\_\_\_
2. **Is the child currently eligible for special education/early intervention services?**  
Yes \_\_\_\_\_ No \_\_\_\_\_
3. **Is the child currently receiving special education/early intervention services?**  
Yes \_\_\_\_\_ No \_\_\_\_\_
4. **Does a review of past achievement/developmental test results show a decline in achievement/development over time?**  
Yes \_\_\_\_\_ No \_\_\_\_\_
5. **Does the child exhibit talents or academic behavior that indicate the need for accelerated instruction or placement in a gifted program?** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. **Does the child exhibit behavior patterns in the area(s) of attitude, independence, organization, self-control, or social interaction that indicates the need for intervention?**  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. **List any additional educational or developmental needs and assets:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. **List any needs for further assessment (including case study evaluation), school/preschool conference, tutoring, referral, etc., that are indicated:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUMMARY**

**Describe the overall educational/developmental status of the child and identify service needs, services being provided, and plans to secure needed services currently not being provided:**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Information from the CFS 407-4 Education Profile (Assessment) should be used to develop the Scholastic Summary Section of the CFS 497 Client Service Plan.**

\_\_\_\_\_  
Caseworker Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date