



Family Evaluation Packet

for foster, adoptive and relative caregivers

BE THE BLUEPRINT FOR A CHILD'S LIFE

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Alcohol Use Disorders Identification Test (AUDIT)

Alcohol use can greatly impact your health and the well-being of your loved ones. Please answer the following questions honestly, choosing the responses that apply most to you. Your answers will be kept private.

1. How many drinks containing alcohol do you have on a typical day when you are drinking?
 [0 = 1 to 2 | 1 = 3 to 4 | 2 = 5 to 6 | 3 = 7 to 9 | 4 = 10 or more]

2. How often do you have a drink containing alcohol?
 [0 = Never | 1 = Monthly or less | 2 = 2-4 times a month | 3 = 2-3 times a week | 4 = 4 or more times a week]

3. How often do you have 6 or more drinks on one occasion?
 [0 = Never | 1 = Monthly or less | 2 = 2-4 times a month | 3 = 2-3 times a week | 4 = 4 or more times a week]

4. How often during the last year have you found that you were not able to stop drinking once you started?
 [0 = Never | 1 = Monthly or less | 2 = 2-4 times a month | 3 = 2-3 times a week | 4 = 4 or more times a week]

5. How often during the last year have you failed to do what was normally expected from you because of drinking?
 [0 = Never | 1 = Monthly or less | 2 = 2-4 times a month | 3 = 2-3 times a week | 4 = 4 or more times a week]

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?
 [0 = Never | 1 = Monthly or less | 2 = 2-4 times a month | 3 = 2-3 times a week | 4 = 4 or more times a week]

7. How often during the last year have you had a feeling of guilt or remorse after drinking?
 [0 = Never | 1 = Monthly or less | 2 = 2-4 times a month | 3 = 2-3 times a week | 4 = 4 or more times a week]

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
 [0 = Never | 1 = Monthly or less | 2 = 2-4 times a month | 3 = 2-3 times a week | 4 = 4 or more times a week]

9. Have you or someone else been injured as a result of your drinking?
 [0 = No | 1 = Yes, but not in the last year | 4 = Yes, during the last year]

10. Has a relative, friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?
 [0 = No | 1 = Yes, but not in the last year | 4 = Yes, during the last year]

 Printed name

 Signature (Sign in person with case worker)

 Date

Available Time Scale (ATS)

Listed below are ways that caregivers often spend their time caring for and interacting with their children. Please consider an approximate amount of time that you could dedicate to each of the following activities given your current work and life schedule. For the following questions, please provide a score from 1 to 5 according to the following scale:

1 = Never **2** = Once in a while **3** = Sometimes **4** = Quite often **5** = Very often

	Primary caregiver	Secondary caregiver
1. Help a child with his / her homework?		
2. Play games with a child?		
3. Be home to care for a sick child?		
4. Set up a child’s appointments (medical, dental, etc.)?		
5. Take a child to his / her appointments?		
6. Attend conferences with a child’s teacher(s)?		
7. Meet with caregiver case workers to decide goals for a child?		
8. Go to foster care training sessions?		
9. Keep notes about a child’s progress?		
10. Help a child save personal keepsakes?		
11. Take a child to visit his / her birth family?		
12. Take a child to recreational activities?		
13. Go to foster care association meetings?		
14. Meet with caregiver case workers about a child’s progress?		
15. Speak with others about becoming caregivers?		
16. Help coach / lead a child’s recreation activities?		
17. Go to a child’s school, if necessary, for an emergency?		
18. Meet with a child’s therapist / counselor?		
19. Share advice and help other caregivers?		
20. Keep files on immunization, health and school records?		

_____	_____	_____
Printed primary caregiver name	Signature (Sign in person with case worker)	Date
_____	_____	_____
Printed secondary caregiver name	Signature (Sign in person with case worker)	Date

Cultural Receptivity in Fostering Scale (CRFS)

Foster children have different cultures. Culture tells us how groups of people are different, whether they are from a different race, ethnicity, religion, spirituality, gender, sexual orientation, social class or other markers that influence values, beliefs, views and behavior. Below is a list of activities involved in fostering children of different cultures. For each statement, please select the response that best explains the level of effort you are willing to give to do the following activities using the figures in the scale below:

1 = None **2** = Little **3** = Some **4** = A lot **5** = Whatever it takes

	Primary caregiver	Secondary caregiver
1. Seeking help from people who share his / her culture.		
2. Finding out about the skin and hair care that are best for a foster child.		
3. Learning how to tell if others are unkind or unfair to a foster child because of his / her culture		
4. Finding places where a foster child can go to get his / her cultural needs met.		
5. Celebrating holidays and events important to a foster child.		
6. Buying toys, books and dolls that are like a foster child's culture.		
7. Showing interest in the art of a foster child's culture.		
8. Learning how to lessen the effects of racism or discrimination on a child.		
9. Sharing helpful ideas with others who have raised children of different cultures.		
10. Trying recipes from a foster child's culture.		
11. Learning how to help a foster child effectively cope with acts of prejudice and racism.		
12. Appreciating clothing styles that are important to a foster child's culture.		
13. Finding out about health issues that are common in a foster child's culture.		
14. Becoming more aware of how racism or discrimination affects people from different cultures		
15. Learning about how parenting practices of a foster child's culture differ from my own.		
16. Appreciating the music of a foster child's culture.		

Questionnaire continued on next page >>

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1 = None **2** = Little **3** = Some **4** = A lot **5** = Whatever it takes

	Primary caregiver	Secondary caregiver
17. Considering how my stereotypes about cultures affect a foster child.		
18. Learning how children benefit from interacting with other children from different cultures.		
19. Learning how I can help a foster child maintain his / her culture.		
20. Learning about how a foster child may have different views about the community than I do.		
21. Finding ways a foster child can fit into my family without changing this about his / her culture.		
22. Examining how my beliefs and values affect a foster child's culture.		
23. Learning how to teach a foster child about racism and discrimination.		
24. Learning about the language expressions of a foster child's culture.		
25. Taking a foster child to cultural places and events.		

Social Readjustment Rating Scale (SRRS)

For each item identified below, select the choice that fits your situation following the scale below:

0 = If the event did not happen in the last 12 months **1** = if the event happened in the last 12 months

	0	1
1. Death of spouse		
2. Divorce		
3. Menopause		
4. Separation from living partner		
5. Jail term or probation		
6. Death of close family member other than spouse		
7. Serious personal injury or illness		
8. Marriage or establishing life partnership		
9. Fired at work		
10. Marital or relationship reconciliation		
11. Retirement		
12. Change in health of immediate family member		
13. Work more than 40 hours per week		
14. Pregnancy or causing pregnancy		
15. Sex difficulties		
16. Gain of new family member		
17. Business or work role change		
18. Change in financial state		
19. Death of a close friend (not a family member)		
20. Change in number of arguments with spouse or life partner		
21. Mortgage or loan for a major purpose		
22. Foreclosure of mortgage or loan		
23. Sleep less than 8 hours per night		
24. Change in responsibilities at work		

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GEORGIA DIVISION OF FAMILY & CHILDREN SERVICES

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0 = If the event did not happen in the last 12 months **1** = if the event happened in the last 12 months

	0	1
25. Trouble with in-laws or with children		
26. Outstanding personal achievement		
27. Spouse begins or stops work		
28. Begin or end school		
29. Change in living conditions (visitors in the home, change in roommates, remodeling house)		
30. Change in personal habits (diet, exercise, smoking, etc.)		
31. Chronic allergies		
32. Trouble with boss		
33. Change in work hours or conditions		
34. Moving to new residence		
35. Presently in pre-menstrual period		
36. Change in schools		
37. Change in religious activities		
38. Change in social activities (more or less than before)		
39. Minor financial loan		
40. Change in frequency of family get-togethers		
41. Vacation		
42. Presently in winter holiday season		
43. Minor violation of the law		

Printed name

Signature (Sign in person with case worker)

Date

Letter of Intent

Dear prospective foster / adoptive parent,

Thank you for attending the information session with the Division of Family & Children Services (DFCS). During the information session, you were given information on the DFCS mission, roles and responsibilities, permanency planning, children in care, supportive services and the parent certification process.

The information session began the mutual selection process. Mutual selection means that DFCS and foster / adoptive families work together to establish open communication and trust with the ultimate goal of making a shared and informed assessment decision about your ability to be a foster / adoptive parent.

Your next step is to return this letter to your county DFCS office. Please indicate below whether or not you have decided to continued your path toward resource parenting.

Whatever your decision, your interest in foster / adoptive parenting with DFCS is sincerely appreciated.

Primary caregiver name

Secondary caregiver name

Primary caregiver signature

Secondary caregiver signature

Date of info session

Date of info session

Email

Email

I am interested in being a DFCS foster / adoptive parent

I am interested in being a DFCS foster / adoptive parent

I am not interested in being a DFCS foster / adoptive parent at this time because _____

I am not interested in being a DFCS foster / adoptive parent at this time because _____

However, please contact me about other ways I can volunteer.

However, please contact me about other ways I can volunteer.

No. I am not interested in being a DFCS foster / adoptive parent at this time.

No. I am not interested in being a DFCS foster / adoptive parent at this time.

Sensitive Issues Inventory

Children and adolescents in out-of-home placements may have been traumatized and exposed to multiple stressful events. These children can be experts at finding and exploiting the sensitive issues of their caretakers. In order to best match families and children, it is crucial that you and our staff be aware of any sensitive issues that you may have experienced.

DIRECTIONS: Read each item. Select **“Yes, when I was a child/teen;”** **“Yes, as an adult;”** **“No”** or **“I don’t know”** for each question. You may check both “yes” choices as appropriate.

1. Have you ever been in a house fire?

- Yes, when I was a child/teen Yes, as an adult No I don’t know

2. Have you ever been hurt in a fire or burned in an accident?

- Yes, when I was a child/teen Yes, as an adult No I don’t know

3. Have you ever been in a house fire that caused major damage to your home?

- Yes, when I was a child/teen Yes, as an adult No I don’t know

4. Have you ever been in a tornado, hurricane or flood that caused major damage to your home?

- Yes, when I was a child/teen Yes, as an adult No I don’t know

5. Have you ever been in a major car accident?

- Yes, when I was a child/teen Yes, as an adult No I don’t know

6. Has a close family member (partner) ever been in a major car accident?

- Yes, when I was a child/teen Yes, as an adult No I don’t know

7. Have you ever been mugged?

- Yes, when I was a child/teen Yes, as an adult No I don’t know

8. Has a close family member (partner) been mugged?

- Yes, when I was a child/teen Yes, as an adult No I don’t know

9. Have you ever been robbed at gunpoint?

- Yes, when I was a child/teen Yes, as an adult No I don’t know

10. Has a close family member (partner) ever been robbed at gunpoint?

- Yes, when I was a child/teen Yes, as an adult No I don’t know

11. Has your home ever been burglarized?

- Yes, when I was a child/teen Yes, as an adult No I don’t know

12. Have you ever been raped?

- Yes, when I was a child/teen Yes, as an adult No I don’t know

13. Has a close family member (partner) ever been raped?

- Yes, when I was a child/teen Yes, as an adult No I don’t know

14. Have you ever been seriously hurt during a crime?

- Yes, when I was a child/teen Yes, as an adult No I don’t know

15. Has a close family member (partner) ever been seriously hurt during a crime?

- Yes, when I was a child/teen Yes, as an adult No I don’t know

16. Has a family member (partner) ever been murdered?

- Yes, when I was a child/teen Yes, as an adult No I don’t know

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17. Did your parents separate or divorce?

- Yes, when I was a child/teen Yes, as an adult No I don't know

18. Were you a member of a step family?

- Yes, when I was a child/teen Yes, as an adult No I don't know

19. Did someone in your close family (partner) have a drinking problem?

- Yes, when I was a child/teen Yes, as an adult No I don't know

20. Did someone in your close family (partner) have a drug problem?

- Yes, when I was a child/teen Yes, as an adult No I don't know

21. Were you sexually abused?

- Yes, when I was a child/teen Yes, as an adult No I don't know

22. Was a close family member (partner) sexually abused?

- Yes, when I was a child/teen Yes, as an adult No I don't know

23. Were you physically abused?

- Yes, when I was a child/teen Yes, as an adult No I don't know

24. Was a close family member (partner) physically abused?

- Yes, when I was a child/teen Yes, as an adult No I don't know

25. Were you emotionally abused (severe criticism, verbal cruelty)?

- Yes, when I was a child/teen Yes, as an adult No I don't know

26. Was a close family member (partner) emotionally abused?

- Yes, when I was a child/teen Yes, as an adult No I don't know

27. Were you physically neglected (not enough food, poor shelter, etc.)?

- Yes, when I was a child/teen Yes, as an adult No I don't know

28. Have you ever been in a combat situation either as a member of the military or a civilian?

- Yes, when I was a child/teen Yes, as an adult No I don't know

29. Have you suffered from a serious medical condition?

- Yes, when I was a child/teen Yes, as an adult No I don't know

30. Has a close family member (partner) suffered from a serious medical condition?

- Yes, when I was a child/teen Yes, as an adult No I don't know

31. Has a close family member (partner) died from a serious medical condition?

- Yes, when I was a child/teen Yes, as an adult No I don't know

32. Has a close family member (partner) been diagnosed with a serious mental illness?

- Yes, when I was a child/teen Yes, as an adult No I don't know

33. Have you struggled with a serious eating disorder (Bulimia, Anorexia Nervosa, obesity)?

- Yes, when I was a child/teen Yes, as an adult No I don't know

34. Has a close family member (partner) struggled with a serious eating disorder?

- Yes, when I was a child/teen Yes, as an adult No I don't know

35. Have you ever seriously attempted suicide?

- Yes, when I was a child/teen Yes, as an adult No I don't know

36. Has a family member (partner) ever seriously attempted suicide?

- Yes, when I was a child/teen Yes, as an adult No I don't know

37. Has a family member (partner) committed suicide?

- Yes, when I was a child/teen Yes, as an adult No I don't know

Foster and Adoptive Family Evaluation Questionnaire

The DFCS Foster and Adoptive Family Evaluation consists of a detailed family history questionnaire and sensitive issues inventory. All information obtained during this process remains confidential.

Please complete the questionnaire honestly and to the best of your ability. There are no right or wrong answers to any of these questions. Direct any questions or concerns you have regarding any item on the questionnaire to your IMPACT Family Centered Practice (FCP) leader. Feel free to use additional paper if necessary.

Household environment

Have any household changes occurred since the completion of the application? (This includes new household members or loss of household members) Yes No If yes, please explain below.

Do you have a carbon monoxide detector? Yes No If yes, list location(s) _____

Do you have a first aid kit? Yes No If yes, list location(s) _____

Do you have a fire extinguisher? Yes No If yes, how many? ____ List location(s) _____

How many working smoke alarms do you have? ____ Where are they located? _____

Are there guns in the home? Yes No If yes, how many? ____ List location(s) _____

Where do you store medications? _____ Where do you store cleaning supplies? _____

Do you have a swimming pool? Yes No If yes, do you know how to swim? Yes No

Do you have pets? Yes No If yes, list name, breed and last vaccination date below.

Name	Breed	Last vaccination
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is your home on

- City water / sewer Well water / city sewer Well water/ septic tank

If you have a septic tank, what is the date of the last septic tank inspection? _____

Is your home heated by an unvented fuel-fired heater (kerosene, wood-burning, etc.)? Yes No

Are you CPR/First Aid certified? Yes No

If yes, list the expiration date of your certification: _____

Family Name: _____

Motivation (Each applicant should answer separately in the space provided for each question)

Why have you decided to become a foster and / or adoptive parent?

Family well-being (This section to be completed by primary and secondary caregiver)

How would you describe your personality? Include five adjectives that you feel best describe you.

What are some areas of your life or relationships that you would like to improve? Explain.

What are your best attributes?

As a child, who were your primary caregivers?

Describe the relationship you had as a child with your primary caregivers.

If your primary caregivers were your parents, were they married? How would you describe their relationship (married or not married), while you were growing up?

Family Name: _____

How would you describe your relationship with your mother while growing up?

How would you describe your relationship with your father while growing up?

What is your position among the children in your family? _____ Total number of children: _____

List all of your siblings and describe your childhood relationship with them:

How were you disciplined as a child?

Who was the primary disciplinarian in your family? _____

As a child, did you ever feel abused or neglected by your caregiver? Yes No

As a child, did you ever feel abused or neglected by anyone other than your caregiver? Yes No

How would you describe your pre-teen years?

How would you describe your teenage years?

Family Name: _____

Family well-being (Each applicant should answer separately in the space provided for each question)

Overall, how would you describe your childhood?

Family interaction

How would you describe your current relationship with your parents?

How would you describe your current relationship with your siblings?

Do you have a closer relationship to one of your siblings? Please explain.

Do you have a distant relationship with any of your siblings? Please explain

Are you in conflict with any of your siblings? Please explain.

Family Name: _____

Is there another relative with whom you consider yourself extremely close? Please explain.

How would you describe your relationship with your extended family?

How supportive and helpful will your extended family be to you as a foster or adoptive parent?

Are members of your immediate and extended family accepting of an unrelated child? Please explain.

Are there any other people in your life, outside of family, who are willing and able to support you as a parent? Explain.

Family Name: _____

NOTE: THE REMAINING PORTIONS OF THIS PACKET SHOULD BE COMPLETED JOINTLY BY THE PRIMARY AND SECONDARY CAREGIVERS.

Family Operations

Describe your family's rules and boundaries. (Include your discussion expectations and responsibilities regarding division of labor, privacy and nudity.)

How is stress handled in your household?

Extended Family

Are other people residing in your home? Yes No

If so, describe your household members' feelings about your decision to foster or adopt.

If so, describe their role with the child/children placed in your home.

Discuss your relationship with your neighbors.

How have people reacted to your desire to foster or adopt?

Family Name: _____

Religion

Describe your/your family's religious background.

How involved are you with your place of worship?

How would you manage a situation where the child/children placed in your home has religious practices and beliefs that differ from yours, including beliefs regarding medical treatment?

Would you be willing to take a child to the church of their choice? Yes No. Explain.

Please describe a typical schedule for your family during the week and weekends, beginning at 7 a.m. Please indicate what your child care plan (daycare or after-school and any preliminary providers) would be based upon the age of the child for whom you expect to provide care.

Do you have a valid State of Georgia driver's license and proof of insurance? Yes No

If no, how do you plan to transport the child in your care?

Family Name: _____

Birth family connection

Describe your feelings toward the birth family of a child who has been neglected and/or abused.

Could you support a child's feelings and relationship regarding their birth family, including their siblings?

Yes No If yes, please explain.

What are your expectations concerning an ongoing relationship with the birth family?

Other significant relationships

How will you work with other significant people in a child's life to help maintain the relationship (i.e. friends, teachers, other foster parents)?

Family Name: _____

Dealing with separation and loss

Describe any significant losses in your personal life and how you have managed or resolved them.

How do you think your own experiences with grief / loss will assist you in helping a foster or adoptive child experiencing grief / loss?

Describe what you would say to a child to assist them with managing their grief / loss.

How will you help a foster / adoptive child create a Life Book?

Ability to parent children who have been physically or sexually abused and / or neglected children

Tell us about your willingness and ability to parent children who have been physically abused.

Tell us about your willingness and ability to parent children who have been sexually abused.

Family Name: _____

Tell us about your willingness and ability to parent a child or children who are LGBTQ youth struggling with their sexual identity.

Tell us about your willingness and ability to parent children who have been emotionally abused.

Tell us about your willingness and ability to parent children who have been neglected.

Describe your strengths and additional training in parenting children who have suffered these traumas.

Child management and discipline

If a couple, who will be the primary caregiver?

Who is, or will be, responsible for disciplining your foster / adoptive child or children?

What types of discipline have you used, and under what circumstances?

Describe previous child care experiences.

Family Name: _____

Tell us about your knowledge of child development.

How do you feel about the DFCS policy on child abuse?

How do you plan to discipline within the guidelines set by DFCS?

How structured is your family?

(Describe schedules, meal times, bed times and various responsibilities of family members)

Family Name: _____

Partnerships

Foster parents are important partners with DFCS in ensuring children’s well-being, care and development during their temporary foster care placement. We work to locate relatives to support the birth family in reunification efforts and / or who are willing to let the child stay with them while the birth family works with the agency on reunification.

What are your expectations as a member of the DFCS team?

Tell us about your understanding regarding transportation of foster / adoptive children to appointments (school, DFCS, therapy, medical appointments, etc.).

When are you available for home and office contacts with DFCS staff?

Describe your needs as a member of the DFCS team. How can DFCS provide support to you as a foster or adoptive parent?

Family Name: _____

Desired Placement

Indicate the description of the child/children you feel best fit to parent.*

Race

Check all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> Black | <input type="checkbox"/> Black / other | <input type="checkbox"/> Asian / Pacific Islander |
| <input type="checkbox"/> White | <input type="checkbox"/> Mixed / not black | <input type="checkbox"/> Hispanic / Latino |
| <input type="checkbox"/> Black / white | <input type="checkbox"/> Native American | <input type="checkbox"/> Other (specify): _____ |

Gender

Check all that apply.

- Male Female

Special Needs

Check yes or no.

- | Yes | No | | Yes | No | |
|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Child mentally ill | <input type="checkbox"/> | <input type="checkbox"/> | Emotional / behavioral issues |
| <input type="checkbox"/> | <input type="checkbox"/> | Neurological difficulties | <input type="checkbox"/> | <input type="checkbox"/> | Major medical issues |
| <input type="checkbox"/> | <input type="checkbox"/> | Developmental difficulties | <input type="checkbox"/> | <input type="checkbox"/> | Mental retardation |
| <input type="checkbox"/> | <input type="checkbox"/> | Sexual abuse history | <input type="checkbox"/> | <input type="checkbox"/> | Family history of mental illness |
| <input type="checkbox"/> | <input type="checkbox"/> | Family history of drug / alcohol abuse | <input type="checkbox"/> | <input type="checkbox"/> | Family history of mental retardation |

Additional comments

*Prior to approval, you will receive a more specific child preference form.

References

- A minimum of three personal references are required. One of the three references must be from an extended family member not residing in the home. Contact may be made in person, by phone or by letter.
- If you have either served previously as a foster parent for another agency in Georgia or another state, and/or have been employed in a job involving the care of children, at least one reference must be from the former agency or employer.

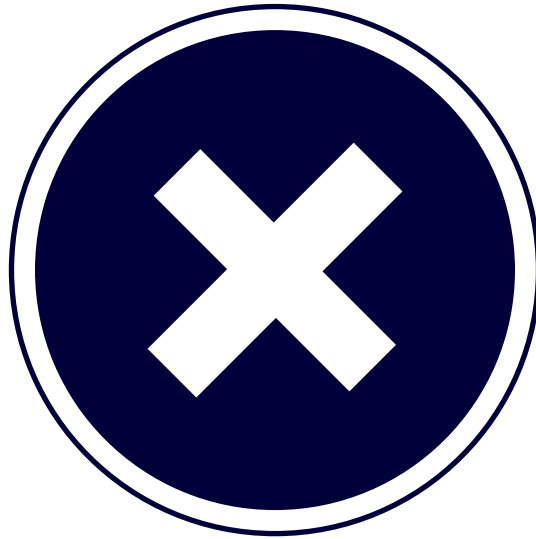
NOTE: Birth children living in the home are interviewed in regard to their reaction to their parent(s) fostering or adopting. Any birth children living elsewhere are interviewed for their reaction to parental adoption or fostering. Interviews for children living outside the home may be done in person, by phone or the individual may be required to submit a letter expressing feelings and / or reactions.

Please indicate below the names, addresses, phone numbers and relationships of your three references, and names, addresses, phone numbers for your children no residing in your home.

Name	Relationship / Years Known	Address	City/State/ZIP	Phone	Email

Please describe any attributes, additional information, concerns or comments that were not captured in the questionnaire that will assist us in completing your family assessment.

Family Name: _____



STOP!

The following section is to be completed with you and your case manager.

Continuing Education Plan

Continuing Education Plan Caregivers are expected to complete a minimum of 15 hours of continuing education development annually. Your continuing education must begin 60 days after your approval as a foster / adoptive parent. A continuing education plan will be developed to ensure that you have the opportunity to attend trainings that will be of interest and value to you.

Based on your participation in IMPACT pre-service training, consultations and assessment of your abilities to parent foster / adoptive children, please indicate your interest in the following seven training topics. Indicate why for all "yes" answers. You may refer to notes from your Learning Journal that you completed as part of the IMPACT classroom training.

Team Building Yes No

Work as an advocate for foster/adoptive children in the school systems, medical treatment, therapeutic appointments and panel reviews. Understand your role in permanency planning, understand the purpose of foster care / adoption and the child welfare continuum.

Family Systems and Abuse/Neglect Yes No

Learn the dynamics of neglect and of physical, emotional and sexual abuse. Be able to recognize signs and symptoms of each. Understand the reporting laws when abuse/neglect is suspected or known.

Impact of Abuse/Neglect on Normal Child Development Yes No

Understand the stages, processes and milestones of normal physical, cognitive , social and emotional development from birth through adolescence. Understand the negative effects of child abuse/neglect on development. Identify indicators of developmental delays or problems.

Attachment, Separation and Placement Yes No

Become familiar with the effects of separation for the child and learn to help the child manage feelings of sadness, loss, anxiety and anger. Understand the impact of multiple placements on a child's emotional well-being. Learn about the emotional conflicts of children when faced with divided loyalties.

Discipline Yes No

Recognize the reasons children/teens display negative behavior. Understand the difference between control, punishment and discipline. Learn why physical punishment is detrimental to children who have experienced abuse/neglect and the different methods of non-physical discipline. Become familiar with the DFCS discipline policy.

Cultural Issues Yes No

Understand how one's own cultural perspective affects one's relationships with children and families. Learn the effects of culture on behavior.

Child Sexual Abuse Yes No

Learn the dynamics of child sexual abuse. Understand characteristics of sexually abused children.

I acknowledge that I have review this plan with my case manager and I understand that above training topics will be a part of my first five training sessions.

Primary Caregiver Signature

Date

Secondary Caregiver Signature

Date

Case Manager Signature

Date