

# CHILD PROFILE GUIDELINES

## CHILD PROFILE COVER PAGE

Create a cover page that includes a photograph of the child.

### CHILD INFORMATION

Complete the Child Information section of the template.

### AGENCY INFORMATION

Complete the Agency Information section of the template.

#### **Disclaimer:**

*(SAMPLE) This report should not be considered an exhaustive history of the child, as certain events or evaluations may have occurred that were not documented or reported, and were, therefore, not included in this report. Information and events chronicled within were subject to the interpretation of individuals involved in the child's case. As well, historians may have provided inaccurate information regarding the birth family or early history of the child. All efforts were made to ensure accuracy and completeness of information.*

- Sources of Information – List records reviewed, interviews with the child and his/her family members (e.g. foster/ adoptive /birth parents, siblings and other relatives), interviews with professionals who have worked with the child (e.g. caseworkers, counselors, teachers, physicians, etc.), and other sources of information used in preparing the child profile. Include all attempted contacts.

<u>Source of Information</u>	<u>Date(s)</u>	<u>Type of Contact</u>

- Key List- Include a key list of significant people who are mentioned in the profile (first name, last initial) e.g. birth mother, birth father, resource families.

## A. INTRODUCTION

### 1. Brief current description of the child

This section includes a physical description and projects the individuality, uniqueness and special qualities of the child. Describe the child's appearance, likes and dislikes, activities, interests, education. Include the following:

- Highlight child's strengths
- Note significant medical / developmental issues

### 2. Brief review of situation

This is a brief paragraph that provides a short synopsis of why the child is in out of home care, date the child entered care, child's legal status, date of TPR if applicable, and permanency goals.

- Current living situation including family composition

**B. CHILD’S HISTORY**

**1. History of Residences (time line)**

Last name and addresses of resource parents, including formal kinship parents, should be included unless there is a court order prohibiting the disclosure of the placement provider’s identity and address.

<u>Start Date</u>	<u>End Date</u>	<u>Placement (Name, Relationship and Address)</u>	<u>Agency, if applicable</u>
Birth			

**2. Social (Chronological)**

Include these bullet points in the narrative (Sources of information should be noted (e.g. “according to the birthmother”))

- a. Family’s initial and subsequent involvement with Child Welfare System
- b. Abuse / neglect experiences
- c. Family Service Plan, goals, progress, services offered to family and parent’s response to services
- d. Description of Placement History
  - i. Duration
  - ii. Child’s adjustment
  - iii. Relationship with caregivers
  - iv. Significant relationships, including connections maintained with siblings
  - v. Significant events
  - vi. Reasons for placement changes
  - vii. Memorable events and traditions
- e. Summarize court hearings, including dependent and delinquent, and highlight significant outcomes affecting the child
  - i. Goal change
  - ii. Permanency decisions
  - iii. Visitation changes, etc
- f. Family Group Decision Making/Diligent Search/Family Finding involvement

**3. Cultural, Religious, Economic, And Ethnic Background**

- Home life
- Daily routine
- Environment
- Language
- Family traditions, values and customs
- Religious upbringing and practice

**4. Birth Family Relationships and Visitation**

- a. Child’s relationships with his/her parents, siblings and extended family members prior to and during placement
- b. Visitation participants, frequency, location, site, supervision, and quality of the visits (These do not need to be a chronological review, but a summation)

- c. Caregiver's observations of the child's reaction to family visits, telephone calls, cards, gifts and letters (or the absence of such contact)

**5. Psychological/Psychiatric History to include Substance Abuse (earliest to most recent)**

- a. List providers of psychological and/or psychiatric services to the child
  - i. Provider's name
  - ii. Organizational affiliation
  - iii. Address/telephone/fax/e-mail
- b. Summarize each evaluation
  - i. Identify the evaluator and date of service
  - ii. State the purpose of any evaluation
  - iii. Identify the participants,
  - iv. Summarize the diagnosis or conclusion
  - v. Outline any recommendations that were made
- c. Summarize mental health treatment to include hospitalizations
  - i. Identify the treatment provider(s) and date of service
  - ii. State the diagnosis
  - iii. List the type of treatment provided including medication, the frequency, and duration of treatment
  - iv. Identify the participants
  - v. Summarize the treatment plan, the implementation, the progress and any changes

**6. Medical History**

- a. Circumstances at birth:
  - i. Obtain the birth records
    - Identify the date and place of birth
  - ii. Note that records were requested and where the information came from.
  - iii. Describe the circumstances surrounding the child's birth
    - Include as much detail as possible – was anyone in delivery room – who came to see baby in hospital
    - Include mother's health, pre-natal drug or alcohol use and pre-natal care
    - Include the child's gestational age, condition, Apgar Score (appearance, pulse, grimace, activities, respiration) and health at birth
    - Describe any pre-natal or neo-natal medical treatment that was provided to the child
- b. Early development (birth to five):
  - i. Milestones
  - ii. Describe any preschool, daycare, early intervention, medical, parenting, or therapeutic intervention used to enhance the child's development
- c. Health Care History (earliest to most recent)
  - i. List the child's health care providers. Include:
    - Name
    - Organizational affiliation
    - Address/telephone
  - ii. Summarize (it is not necessary to list every appointment) results of medical/dental, vision examination, to include:
    - Surgeries
    - Illnesses
    - Immunization
    - Hospitalizations
    - Allergies (food, Medication environmental)

- Vision
- Dental
- Physical or cognitive disabilities
- Medications

## 7. **Educational History**

- a. List the schools the child has attended and summarize information from each school to include:
  - i. School/Address/Telephone/Contact person/Fax/Email
  - ii. Enrollment dates (from earliest history to most recent history)
  - iii. Describe the child's attendance patterns, especially absences that resulted in school truancy or child dependency actions
  - iv. Identify the child's grade level and classroom (e.g. regular, SED, etc.)- Note any repeated grades and the reasons grade was repeated
  - v. Describe the child's academic performance; including standardized test results, IEP results/recommendations, and current progress
  - vi. Describe any behavioral issues that affect the child's school adjustment, academic performance, and interpersonal relationships
  - vii. Identify the child's extracurricular activities, special interests and talents
  - viii. Identify special recognitions or awards the child has received
  - ix. Include positive and not so positive teacher comments about the child's attendance, performance and experience in school

## C. **CURRENT FUNCTIONING**

### 1. **Behavioral Patterns**

- a. Describe child's daily routine. Include personal hygiene, eating/sleeping patterns
- b. Identify activities, interests, hobbies and responsibilities
- c. Discuss the child's responses to discipline. Describe any behavioral difficulties the child is having and what is being done to help him/her to overcome them
  - i. Be specific, detailed, and concrete
  - ii. Describe positive and negative responses to routines, discipline, and others

### 2. **Relationships:**

- a. Describe the child's relationships with individuals whom he/she identifies as important or supportive people. Identify people with whom the child wants to maintain contact after permanency
- b. Summarize work done to explore any connections or possible placements
- c. Relationships that will continue in the future

### 3. **Child's Understanding of Plan for Permanency**

This section is an assessment of what the child understands and accepts of the permanency goals

- a. List SWAN services received
- b. Address issues affecting permanency
- c. Awareness of primary and concurrent permanency goals
- d. Life skills, preparation and results

## D. **BIRTH FAMILY INFORMATION**

### 1. **Parents:**

This section will provide information about the child's birth mother and father. Include source of information (e.g. "according to the birthmother"). Profile the mother first, and then profile the father, complete outline "a" through "j" for each.

**a. Demographic Information**

- Name (first name and last initial)
- Date and place of birth
- Marital status

**b. Economic, cultural, religious and ethnic background of birth parent**

- Home life
- Daily routine
- Environment
- Language
- Family traditions, values and customs
- Religious upbringing and practice

**c. Medical information**

- Family medical history and genetic influences
- Current and past medical conditions including substance abuse, treatments, medications and results
- Serious illnesses, surgeries and hospitalizations
- Current and past dental conditions, treatments and results
- Current and past vision conditions, treatments and results
- Identify any physical limitations or long term conditions. Explain how the conditions affect the parent's health, development, behavior and relationships

**d. Physical characteristics:**

Try to highlight the positive aspects of their appearance

- Height
- Weight
- Eye color
- Hair color
- Skin tone
- Use of corrective lenses
- Clothing/makeup style
- Tattoos, piercings
- Birthmarks

**e. Special abilities or interests:**

- Interests, skills, talents and hobbies

**f. Education:**

- Educational experiences: (Do not identify names of schools or educational settings)
- Attendance patterns, highest grade level achieved
- Education services
- Academic performance
- Extracurricular activities, special interests or talents
- Behavioral issues/school adjustment
- Recognitions or awards

- g. Employment:** (Do not reveal specific information regarding employers.)
  - General employment history (type and duration)
  - Skills
  - Employment goals
- h. Social:**
  - Family relationships, parents, siblings, and grandparents
  - Interaction with others
  - Emotional awareness
  - Social awareness and ability to maintain friendships
  - History of childhood or domestic violence
  - Criminal and legal history
  - Social isolation
  - Single parenthood
  - Impulse control and decision making
  - Response to authority figures
- i. Emotional / psychiatric:**
  - Emotional and mental health concerns
  - Mental health diagnosis, treatments and results  
(Do not identify mental health providers or location of treatment facility)
- j. Parents' view of the permanency plan**
  - Response to child's placement
  - Participation in permanency planning, attempts at reunification and the decision to change the permanency goal from reunification

**2. Siblings**

Provide a brief description of the child's siblings identified only by their first name and relationship. Include birth siblings, half-siblings, and step siblings. This description should include information on the following

- a. Date and place of birth
- b. Physical characteristics
- c. Significant conditions and issues. Briefly describe any developmental delays, disabilities, serious illnesses, mental health issues, special education needs, or behavioral problems the sibling has experienced
- d. Special abilities. Briefly describe the sibling's abilities, activities, interests, talents and skills. Identify any awards or special recognition the sibling has achieved
- e. Current living situations. Without identifying the placement provider for siblings living separate from the child, describe the sibling's current living situation (if known), his/her adjustment, and the permanency plan for him/her

**E. SUBSEQUENT FAMILY INFORMATION**

Repeat outline from previous section “D” for any other parent figures and adoptive siblings.

**F. EXTENDED FAMILY/ KIN INFORMATION**

Provide relevant information which may be of interest to the child

**G. SUMMARY AND CONCLUSION**

A concluding paragraph may contain a summation of the information contained in the profile to highlight important issues and summarize strengths. If children will require follow up after placement for special education and/or medical needs, these needs should be summarized even though they have previously been mentioned in the various topic sections

## **H. SIGNATURES AND DATES**

The writer of the profile must sign and date the Child Profile. Others may sign according to agency procedures.

**CONFIDENTIAL IDENTIFYING INFORMATION**

**THIS IDENTIFYING BIRTH FAMILY INFORMATION MUST NOT BE DIVULGED WITHOUT THE WRITTEN CONSENT OF THE BIRTH PARENT(S) OR BY COURT ORDER. THIS INFORMATION IS AN ATTACHMENT TO THE CHILD PROFILE THAT WAS COMPLETED ON BEHALF OF \_\_\_\_\_ BY \_\_\_\_\_.**

Name of Child:	Date of Birth:
Place of Birth:	Social Security Number:

Birth Mother:	Date of Birth:
Marital Status:	Social Security Number:
Race/ Religion:	
Last Known Address:	

Birth Father:	Date of Birth:
Marital Status:	Social Security Number:
Race/ Religion:	
Last Known Address:	

Name:	Relationship:
Marital Status:	Date of Birth:
Race/ Religion:	Social Security Number:
Last Known Address:	

Name:	Relationship:
Marital Status:	Date of Birth:
Race/ Religion:	Social Security Number:
Last Known Address:	

Name:	Relationship:
Marital Status:	Date of Birth:
Race/ Religion:	Social Security Number:
Last Known Address:	

Name:	Relationship:
Marital Status:	Date of Birth:
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Name:	Relationship:
Marital Status:	Date of Birth:
Race/ Religion:	Social Security Number:
Last Known Address:	

Respectfully Submitted: \_\_\_\_\_