

Pre-placement Conference Participants

Date:

Name and title:

Mailing address:

Phone number:

Email address:

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Phone number:

Email address:

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Phone number:

Email address:

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Phone number:

Email address:

Name and title:

Mailing address:

Phone number:

Email address:

Pre-placement Conference Outline

Date:

Child(ren): Name and age:

Adoptive parents:

DCBS or name of private child-placing (PCP) agency:

What county:

Background information/life in the home/reasons for removal:

Child's placement history:

Physical health and mental health needs:

History of psychiatric placements:

Diagnoses and medications:

REV 8/2023

Services the child is currently receiving:

Development/school functioning:

Grade level/name of school/any special services:

Day-to-day living:

Personality and social functioning:

Forms of discipline/What is effective:

Biological family members and significant others:

Siblings:

Need for future contact/Any court orders or memorandum of understanding:

Preparation/Readiness for adoptive placement:

Potential adjustment issues with the transition:

Availability of subsidy:

BREAK

Decision: _____ Yes, move forward

_____ No

_____ More information/More time is needed