_____ County Juvenile Court Foster Care Review Board

Administrative Review (less than six months)

1. Child's Name:	hild's Name: Docket Number:				
2. Date of Review:					
3. Board Members Present:	(Quorum of is need	ed to proceed with the review.)			
John A John B. John C. John D.	yes no yes no yes no yes no yes no	Susie A Susie B Susie C Susie D	yes no yes no yes no yes no yes no		
4. Parties Present	Notice Provided		Notice Provided		
Mother yes Father yes DCS yes Child* yes (*Party if adjudicate	no yes no delinquent or unruly)	Attorney yes Attorney yes Attorney yes Attorney yes Attorney/GAL yes	no		
5. Reason for review:					
Adequacy of Reas	sonable Efforts	e Documentation	ed Documentation		
☐ Monitor Parent's Compliance ☐ Monitor Child's Compliance ☐ Transition Plan Needs Improvement					
Ensure Compliance with Time-Sensitive Board Recommendation Related to					
Education [☐ EFC ☐ Health ☐ Independ	dent Living 🔲 Placement 🗌 Vi	sitation		
6. Outcome:					

7. Recommendation:			
Date of the Next Full Rev	iew is		
Signatures			Date
		-	
Other		_	
Other		-	
Other		_	