

Initial Child / Youth Information Sharing Form

Quality Parenting Initiative – Minnesota

Goals:

- Share important information about the child/youth at the start of an out of home placement.
- To help the relative or foster parents provide quality caregiving that understands the child/youth for the unique individual they are.

1. Formal name of child/youth: _____ Date of Birth: _____
2. Preferred / nickname: _____ Race / Ethnicity: _____
3. Sex/Preferred Gender: _____
4. Birth Parents/Guardian (Provide first names & contact number): _____
5. Can child/youth and parent have communication via phone? _____
6. Does the child/youth have siblings? If yes, please list (names and where they reside): _____

7. Reason for Placement: _____
8. Is this the child/youth's first placement? Yes: No: If No, please explain: _____

9. Visitation Plan (Where and when are visits, how often?): _____

10. Detail any known health concerns for child/youth (including medications and allergies): _____

11. Does the child/youth attend school? If so, where? Is there a specific person at school who has a relationship with the child/youth? _____
12. Specific routines or favorite foods that would be important for the child/youth? (Please include any dietary needs): _____
13. Describe strengths and/or accomplishments of the child/youth: _____

14. Hobbies, interests or play the child/youth enjoys: _____
15. Spiritual or religious needs for child/youth: _____
16. Special emotional or behavioral concerns that would be important for caregiver to know: _____
