



DEVELOPMENTAL DISABILITIES ADMINISTRATION
Periodic Review of Individual Service Plan
(RCW 74.13.350)

TYPE OF HEARING/REVIEW Continued Out-of-Home Care for a Child / Youth with Developmental Disabilities			
DATE AND TIME OF HEARING / REVIEW	DATE OF REPORT	REPORTING PERIOD _____ to _____	
IDENTIFYING INFORMATION			
CHILD'S NAME	BIRTHDATE	AGE	CASE NUMBER
PLACEMENT RESIDENCE			
ETHNICITY (CHECK ALL THAT APPLY) <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other This child is Native American per Attachment A on the initial Individual Service Plan report dated ____ <input type="checkbox"/> Yes <input type="checkbox"/> No (If child is not Native American, subsequent reports can delete Attachment A.)			
TYPE OF PLACEMENT Voluntary Placement	DATE OF PREVIOUS REVIEW HEARING(S)	CHILD'S CURRENT LEGAL STATUS Custody of: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other	
PRINCIPALS INVOLVED			
MOTHER'S NAME		TELEPHONE NUMBER	
MOTHER'S ADDRESS		CITY	STATE ZIP CODE
MOTHER'S ATTORNEY'S NAME		TELEPHONE NUMBER	
MOTHER'S ATTORNEY'S ADDRESS		CITY	STATE ZIP CODE
FATHER'S NAME		TELEPHONE NUMBER	
FATHER'S ADDRESS		CITY	STATE ZIP CODE
FATHER'S ATTORNEY'S NAME (IF DIFFERENT FROM ABOVE)		TELEPHONE NUMBER	
FATHER'S ATTORNEY'S ADDRESS (IF DIFFERENT FROM ABOVE)		CITY	STATE ZIP CODE
GUARDIAN AD LITEM'S NAME		TELEPHONE NUMBER	
GUARDIAN AD LITEM'S ADDRESS		CITY	STATE ZIP CODE
DDA SOCIAL WORKER'S NAME		TELEPHONE NUMBER	
DDA SOCIAL WORKER'S ADDRESS		CITY	STATE ZIP CODE
ASSISTANT ATTORNEY GENERAL NAME			

DISTRIBUTION: Original - Juvenile Court or Other Review Body;
 Copies - Case File, Custodial Parent, Residential Provider, Child (Over 12), Caseworker Attorney, Guardian ad litem

CASE BACKGROUND

A. Begin date of current placement episode:

B. Child was originally placed because:

C. Child/family needs were originally identified as (consider medical, educational, environmental, psychological, ethnic and cultural needs):

D. Services originally offered and/or provided to prevent placement (describe result of preventive services offered and provided. If not offered or provided, explain why):

E. Placement resources considered or tried to achieve least restrictive setting at the time of child's original placement out of home:

CASE PLAN FOR NEW REVIEW PERIOD (EXCEPT AS AMENDED BY COURT ORDER)

A. PERMANENT PLAN FOR UPCOMING REPORT PERIOD

- Return home Relative placement Relative guardianship
 Foster Parent guardianship Foster care long-term agreement

Tentative completion of present permanent plan, depending on action, progress and cooperation of those involved is:

RECOMMENDATIONS - LEGAL STATUS OF CHILD

Voluntary placement to continue out of home care with parent retaining custody.

B. RECOMMENDATIONS - PLACEMENT

1. In-home support service package because:

2. Out-of-Home Placement because:

3. Discuss type of out-of-home placement recommended and how the proposed placement described in B.2. above is least restrictive and in the closest possible proximity to the parent's home, child's school, and consistent with the child's best interest and special needs.

SOCIAL STATUS SUMMARY

ATTACHMENTS

- Attachment A regarding Native American Status
- Copy of RCW 74.13.350
- Voluntary Placement Agreement
- DDA Assessment
- Shared Parenting Plan
- IEP
- Other:

SUBMITTED BY:

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA) SOCIAL WORKER'S NAME	DATE
DDA VOLUNTARY PLACEMENT SERVICES SUPERVISOR'S NAME	DATE

Copies provided to parents:

- _____ DATE _____
MOTHER
- _____ DATE _____
FATHER
- Copy sent to licensed provider on _____