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Youth In Care Intake Procedures for 2024-2025

If you have a student K-12 who has been previously enrolled or needs to be enrolled in the Jordan School District for the 2024-2025 school year, please fill out the appropriate forms and email them to carolyn.curran@jordandistrict.org

If you have any questions, please contact Carolyn Curran at 801-567-8328

The following information is required for student placement:

- Required Intake Information signed by caseworker
- Preliminary Intake Form
- Birth Certificate
- Immunizations
- Transcripts
- Individualized Education Plan (IEP) and Evaluation Results Summary (ERS), if applicable
- BIP and/or FUBA Plan Documents
- 504 Documents
- Psychological Report
- Safe School Violations

Please note all students need to be properly withdrawn from their previous school. We ask that you notify the student's YIC mentor and/or YIC Specialist when there is a change in Caseworker or Case manager.

We appreciate your cooperation and look forward to working with you.

Preliminary Intake Form

Stude	nt Name:			Date:			
Date o	of Birth:	Age:		Grade:			
Casew	vorker's Name:						
Phone	e:emai						
	Caseworker Supervisor's Name:						
	Phone:	email:					
Name	e of Foster/Placement Parents:						
oste	r/Placement email address:		D				
1.	School History:						
	Special Education: YesNo	50	4: Yes	No			
	English Language Learner: Yes	No					
	Are there any evaluations or asses	sments we m	ight need	in order to provide			
	appropriate services? Yes	No					
	If yes, please explain:						
2.	Health History						
	Health History:	otosi Vos	No				
	Asthma: YesNoDiab Food or medicationallergies: Yes						
	rood of medicationaliergies: res	No	LISt	:			
3.	School issues: Please provide a b	rief explanati	on of how	this student has			
	previously performed in school and if there are any specific concerns we need						
	to be aware of to provide appropriate supports:						
4.	. Student's Strengths/Interests: _						

Admissions Protocol Serving Youth in DCFS Custody within the Jordan School District

- 1) **Communication**: The key to success regarding placement of youth in DCFS' custody is communication between the worker and the school district.
 - a) In every case, DCFS will go through the District Youth In Custody office prior to placement. If the District doesn't have a YIC office, DCFS will go through the Student Services Office.
 - b) Caseworkers are the primary point of contact for the school regarding placement and planning. Foster parents serve as a secondary contact, but may be primary in some of the day-to-day communications.
 - c) DCFS will regularly provide updated contact lists to student services in order to facilitate verification of worker status and transfer of information over the phone. Workers must provide identification upon entering a school building or requesting student information.
 - d) School personnel should be invited to provide input in person or through other means at all ongoing child and family team meetings.
 - e) Both DCFS and school district personnel need ongoing training and information regarding serving youth in care and working with one another.
- 2) Intake: Students should be placed in an appropriate classroom as soon as possible.
 - a) Flexibility based on individual cases will exist regarding whether or not a formal intake meeting will occur. Some possible criteria for formal intake might be:
 - Unresolved issues related to regular boundary school placement vs. Youth In Care school or classroom setting
 - ii) Unresolved issues regarding academic needs, service delivery, credit remediation, or special education status
 - iii) Any time either party expresses other criteria which would warrant a formal intake
 - b) Enrollment will not be delayed while professionals seek to obtain birth certificates and immunization records.
 - c) When the biological parent is not available, the foster parent providing ongoing care for the child will fulfill the parental role in the IEP process. A DCFS caseworker cannot fulfill that role. If there is no meaningful foster parent, the professional team for DCFS and the schools will meet to assign an appropriate surrogate parent, generally provided by the district.
 - d) Schools should allow student enrollment even if the timing with the quarter or semester makes it less meaningful. Caseworkers, however, should pay attention to quarter and semester dates and attempt to transition children around these more meaningful dates.
 - e) School districts bear the primary burden of gathering prior education records. Caseworkers should assist with any information or access that they may have.
- 3) **Placement:** Placements should be least restrictive based on the child's needs, not their custodial status.
 - a) Caseworkers should ask the question of whether or not a school change is needed simply because of a placement change or not.
 - b) As soon as knowledge of a change in placement or education setting is known, planning should begin with the team to determine the appropriate academic transition.
 - c) Changes should be deliberate, and students should not be disenrolled from one school until a new academic placement and plan has been determined and is available in the new school setting.
 - d) Children with special education needs may require more intensive planning and communication.

YOUTH IN CARE - STUDENT INFORMATION FORM

Student Name:				-
Caseworker/Man	nager Name:			
• •		nis document is in the legal cu s (DCFS, JJYS) or an equivalent		
Caseworker/Mar	nager Signature:	_Date:		
Email:				
Mobile Number:		Office	Number:	
Agency: DCFS	מונם 🗌	Other		-
Address:				
		STUDENT INFORMA	TION	
Preferred Name:			Birth Date:	
Age:	Current Grade:	Sex:	Ethnicity	:
Phone Number:				
Primary Contact	People:			
<u>Name</u>		Relationship to Student		Phone Number
1				
2				-,
3				
Parental Contact	(Yes, No, Restricted)):		- p
Judge:		_Court Case Number:		Pending Court Date:
		PLACEMENT INFORM	ATION	
Provider Agency		Phone:		
Name of Placem	ent Parents/Group	Phone:		
Placement Parer	nts/Group Home Ad	dress:		
Tracker:		CASA:		

EDUCATIONAL INFORMATION

Previous Schools:				
District Name	School Name	ool Name Date Last At		
1			·s	
2				
3				
4	1		#XX	
Special Education (Y/N):		Safe School Violation (Y/N):		
English Language Learner (Y/N):		Is there a safety plan in place? (Y/N):		
Specify Previous Services:				
 □ Day Treatment □ Private and Psychiatric Hospital □ Secure Facility □ Group Homes □ Out-of-State 		☐ Detention C☐ Residential☐ WA/Title VI☐ Title III Engl☐ Transition P	Schools I Indian Ed. ish Learners	
SOC	CIAL/MEDICAL I	NFORMATION		
Immunization Record Provided (Y/N):		Birth Certificate Provided (Y/N):		
Allergies:				
Current Medications:				
Receiving Counseling (Y/N):	Counselor Name:			
Phone:	- Agency:			
S	CHOOL DISTRIC	CT USE ONLY		
School Assigned:		Check and Connect Mentor:		
Transportation Arranged (Y/N):		District Student Number:		
SSID Number:		• :		
District Signature:				

The requested information may be shared under 53A-1-1409 Sharing Student Data.