



## Clarksville-Montgomery County School System Fostering Connections Questionnaire

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_

Foster Parent/Guardian Name(s): \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home School (based on current residence): \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Siblings of student at same placement:

Name

School

_____
_____
_____
_____
_____

_____
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_____
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_____

### Section A: Foster Care

\*Educational PassPort Required

1. Where is this students current placement? *(check box)*

☐ Kinship Placement

☐ Traditional Foster Parent

2. With whom does the student currently live: *(check box)*

☐ Relative – Specify relationship \_\_\_\_\_

☐ Foster Parent

3. How long has the student been placed in your care? \_\_\_\_\_

4. Name/Phone Number of DCS Worker: \_\_\_\_\_

5. Is this student remaining at their school of origin (the school where they were before coming into state custody) or being enrolled in a new school based on the Foster Parents address?

(For students wishing to remain at their school of origin, call 931-648-5653 x1005, Heather Guest, or x1003 Angelina Nelson) \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

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### Section B: General

1. Any possibility of violence or abuse? If so, describe. What were the school's actions?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. At this time, what is the greatest need for your child? *(check all that apply)*

- ☐ School supplies
- ☐ School clothing
- ☐ Help for academic improvement
- ☐ Help for behavior improvement
- ☐ Referral for Shelter or Housing
- ☐ Referral for food assistance
- ☐ Medical referral/immunizations
- ☐ Mental health/counseling referral
- ☐ Other- Please describe: \_\_\_\_\_

My signature below affirms the following: (1) the information I have provided on this form is true and accurate to the best of my knowledge or belief; (2) the same information, as well as other information that may identify my child(ren), may be shared without my consent with community and governmental agencies pursuant to an interagency collaboration between this school district, and, (3) the same information, as well as other information that may identify my child(ren), may be shared without my consent with other CMCSS staff members for a legitimate educational purpose. In addition, my signature affirms that I have received a copy of my rights under the McKinney-Vento law and ESSA. I further agree to allow CMCSS staff to conduct screenings as a part of the district's McKinney-Vento and Foster Care program.

Parent/Guardian Signature: \_\_\_\_\_  
(Or Unaccompanied Youth)

Date: \_\_\_\_\_