This questionnaire was designed by current/former foster and probation youth with the intent to help you have more participation in your placement planning and decisions. Included are a variety of different questions regarding areas that will influence where you want to live or what you need to be comfortable, safe and healthy when you live there. This questionnaire is to help everyone involved with you to understand your opinion and needs. We will be giving a copy, of the information you approve to be shared, in this document to your social worker. We encourage you to give a copy to other supports in your life so everyone is on the same page with what you want when it comes to placement decisions. Although, we hope that this questionnaire helps you have more involvement in your placement decisions, everything you ask for in this document may not happen or even be possible due to the court decisions or other factors.

EDUCATION

1. Is there a particular school that you would like to attend? □Yes □No
   ▪ If so, what is the name of the school(s)? (Please list them in order based on priority)

   ▪ What about this school appeals to you? (Check all that apply)
     □Teachers □Principal □Counselor
     □Location □Friends □Activities □Clubs
     □Sports □Other: ____________________________

2. Are you behind in school or struggling with any subjects in school? □Yes □No
   ▪ If so, please describe: ____________________________

3. Do you know if you are on track to graduate? □Yes □No

4. Are there any services or supports that you need to help you to succeed in school? (For example: tutor, interpreter, etc.) □Yes □No
   ▪ If so, Please describe: ____________________________

5. Do you want to attend college or a vocational school after high school? □Yes □No
   ▪ If so, what would you like to study? ____________________________

6. Do you have an IEP? □Yes □No
REASON TO SPOUSE

1. Do you practice a specific religion, faith, or spirituality?  □Yes □No
   - If yes, please describe:
     - Is there any other support you would like to have in place to be able to practice your religious beliefs (for example: food without pork, wear certain jewelry etc.)

2. Would you like to attend a particular church or counsel with a certain spiritual advisor?  □Yes □No
   - If so, what is the name and location of this church or spiritual advisor?

EMPLOYMENT

1. Do you have a job?  □Yes □No
   - If so, what organization, company or person do you work for?
     - Where is your job located?
     - Will you need help with transportation to and/or from work?  □yes □no
     - Can you transfer to another location?  □Yes □No
       - If so, where?

2. Are you interested in getting a job?  □Yes □No

3. Do you have previous work history?  □Yes □No

4. Do you have a resume?  □Yes □No

5. (If you are 15 ½ or older) Are you enrolled in Independent Living Program?  □Yes □No

PLACEMENT TYPE

1. Would you prefer to live with other kids in the home?  □Yes □No

2. Are there any age groups of kids that you have difficulty getting along with?  □Yes □No
3. **Would you be more comfortable living with a certain gender?**
   - Yes □ No □
   - If yes, what is your preference? ____________________________________________

4. **Do you have allergies towards pets etc.?**
   - Yes □ No □

5. **Do you like animals?**
   - Yes □ No □
   - If so, what kinds?

6. **Do you prefer to live with a family of a certain ethnicity or culture?**
   - Yes □ No □
   - If so, please describe:

7. **List all the places and/or people you would prefer to live with, starting with your first preference. (ex: teacher, family friend, friends parents, extended family etc.)**
   1. __________________________________________
   2. __________________________________________
   3. __________________________________________
   4. __________________________________________

8. **Do you know what your rights are in different placement types and how to advocate for them?**
   - Yes □ No □

9. **Are there specific situations that may be difficult for you or make you uncomfortable? (ie: Smoking, arguing etc.)**
   - Yes □ No □
   - If so, please describe:

10. **Are there any event, traditions, special dates and/or celebrations you would like to be acknowledged or supported?**

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**FAMILY/ SUPPORTS**

1. **Do you have siblings?**
   - Yes □ No □
   - If so, where are they? __________________________________________
   - When was the last time you saw/heard from them?
   - Do you have a good relationship with them? Yes □ No □
   - Are you interested in having a relationship with them/continuing one? Yes □ No □
Placement Planning Worksheet

2. Is there anyone you would like to keep in contact with or have visits with (teachers, family, coach, neighbor etc.)? ☐ Yes ☐ No
   ▪ If yes, please list them here:
     1. 
     2. 
     3. 
     4. 
     5. 
     6. 
   ▪ Has your social worker approved or is your social worker aware of these individuals? ☐ Yes ☐ No

3. Are there any family members that you would like to find? ☐ Yes ☐ No
   ▪ If yes, please list them here:
     1. 
     2. 
     3. 
     4. 
     5. 
     6. 

HEALTH

1. Where do you go for health care? ☐ Unsure
   ▪ Would you like to continue care with them? ☐ Yes ☐ No ☐ Unsure

2. Do you have medical insurance? ☐ Yes ☐ No ☐ Unsure
   ▪ Do you have your medical card? ☐ Yes ☐ No ☐ Unsure

3. Are you a parent? ☐ Yes ☐ No
   ▪ If so, do you have contact with your children? ☐ Yes ☐ No
   ▪ Do you have any concerns or questions regarding your children and placement? ☐ Yes ☐ No
   If so please explain: ____________________________________________
 Placement Planning Worksheet

4. Do you take prescribed medications? □ Yes □ No
   ▪ If yes, please list them here:
     1. 
     2. 
     3. 
     4. 
     5. 
     6. 
   ▪ Do you need support taking your medication? □ Yes □ No
     • If so, please explain how:

5. Are there any concerns you would like addressed regarding dental, physical or mental health (ex: pregnancy, STD check, medication change)?
   □ Yes □ No
   ▪ If yes, what are those concerns?

SPORTS/ EXTRACURRICULAR ACTIVITIES

1. Are you involved in any sports or extra-curricular activities? □ Yes □ No
   ▪ Do you need help getting transportation to and/or from those activities? □ Yes □ No

2. Are there any sports, clubs, groups, or extra curricular activities you would like to be involved in? □ Yes □ No
   ▪ Is there any special gear/equipment needed before you can attend? □ Yes □ No
   ▪ If so, what is it that you will need?

TRANSPORTATION

1. Are you familiar with the bus system? □ Yes □ No

2. Do you need support with transportation? □ Yes □ No
   ▪ If so, for what?
3. Do you have your license? □ Yes □ No
   - Are you interested in getting your license? □ Yes □ No
   - If so, have you done drivers training? □ Yes □ No
   - If so, do you have your permit? □ Yes □ No

LEGAL

1. Do you have a copy of your birth certificate? □ Yes □ No □ Unsure
2. Do you have a Social Security card? □ Yes □ No □ Unsure
3. Have you ever been arrested? □ Yes □ No
4. Are you on probation now? □ Yes □ No
5. If you have a criminal record, do you need assistance in expunging your record, and/or getting your juvenile records sealed? □ Yes □ No
6. Are you interested in becoming emancipated? □ Yes □ No □ Unsure

OTHER

1. Is there anything that was not covered in this survey that you would like to add or share?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Is there any information that you don’t want shared with others? □ Yes □ No
   - If yes, what and with whom?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Current System/ Services received: (please check all that apply):
## Placement Planning Worksheet

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Youth Coordinator: ____________________________________________

Name of youth: ________________________________________________

Signature of Youth: ____________________________________________

Date: ___________________       Age of youth: ___________________

### DISTRIBUTION CHECKLIST (FOR STAFF)

*(After getting permission from the youth above, make sure to have a release of information signed by the person holding parental rights for anyone other than the case worker or person(s) holding parental rights prior to handing out this document)*

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