



Placement Planning Worksheet

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



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RELIGION/ SPIRITUALITY

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



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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. _____ | 3. _____ |
| 2. _____ | 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?

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



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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. _____ 4. _____

2. _____ 5. _____

3. _____ 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. _____ 4. _____

2. _____ 5. _____

3. _____ 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: _____



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4. Do you take prescribed medications? Yes No

▪ If yes, please list them here:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 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? _____



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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):



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ILP Yes No Previously Unknown Not Applicable
 Pending

Mental Health Services: yes No Previously Unknown Pending
If yes, what type: _____

Wraparound: Yes No Previously Unknown Pending

CASA/ Mentor: Yes No Previously Unknown Pending

Family Support Counselor Yes No Previously Unknown Pending

IEP: Yes No Previously Unknown Pending

Health Concerns: Yes No Previously Unknown Pending
If yes, what type: _____

Other Services / Supports not already mentioned (please list):

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)

Case Worker: _____ Type: _____ Date: _____

Name: _____ Relationship: _____ Date: _____

Name: _____ Relationship: _____ Date: _____

Name: _____ Relationship: _____ Date: _____

Name: _____ Relationship: _____ Date: _____

