

M INOR GUARDIANSHIP REVIEW

Name: _____

File No: _____

PHYSICAL HEALTH

ARE IMMUNIZATIONS UP TO DATE? YES NO

HAS CHILD BEEN HOSPITALIZED IN THE PAST YEAR? YES NO

IF SO, WHY? _____

IS CHILD ON MEDICATION? YES NO

IF SO, WHAT KIND/WHY? _____

HAS CHILD BEEN TO THE EMERGENCY ROOM THIS YEAR? YES NO

IF SO, FOR WHAT? _____

DOES CHILD RECEIVE REGULAR DENTAL CHECK-UPS? YES NO

WHO PROVIDES HEALTH COVERAGE? _____

TYPE: _____

FAMILY LIFE

(MOTHER)

(FATHER)

DOES CHILD SEE PARENTS? YES NO

IF YES, HOW OFTEN? _____

DO PARENTS COMMUNICATE WITH CHILD? YES NO

DOES EITHER PARENT PROVIDE FINANCIAL SUPPORT? YES NO

IF YES, HOW MUCH? _____

DOES GUARDIAN WORK OUTSIDE THE HOME? YES NO

IF YES, WHO CARES FOR THE MINOR? _____

MINOR GUARDIANSHIP REVIEW (Continued)

GUARDIAN(s) RELATIONSHIP TO MINOR? _____

NUMBER OF PEOPLE RESIDING IN THE HOME? _____

DOES CHILD LIVE APART FROM ANY SIBLINGS? YES NO

IF CHILD ATTENDS SCHOOL/DAY CARE, CHECK EVERYTHING THAT APPLIES:

- CHILD LIKES SCHOOL AND GOES WILLINGLY
- CHILD IS OUTGOING AND/OR FRIENDLY
- CHILD PLAYS WELL WITH PEERS
- CHILD IS WITHDRAWN AND/OR UNCOMMUNICATIVE
- CHILD HAS A BEHAVIORAL PROBLEM. IF MARKED YES, DESCRIBE: _____

- CHILD LAGS BEHIND OTHER CHILDREN (DOES NOT KEEP UP)

CHILD'S INVOLVEMENT IN ANY ACTIVITIES? _____

PLEASE NOTE YOUR OBSERVATIONS AND ANY OTHER SIGNIFICANT INFORMATION ABOUT WHICH THE COURT SHOULD BE AWARE: _____

