VIRGINIA DEPARTMENT OF SOCIAL SERVICES

CHILD’S PROFILE

For use by: Local Departments of Social Services, Local School Divisions, and Courts when referring Virginia youth out-of-state for residential placement.

Responsible Agency:  
Worker’s Name:  Alternate:  Tele:  
Child’s Name:  Case Number:  Age:  Sex:  
When does child need to be placed:  □ Immediately  □ Within  Weeks  □ Within  months  
Placement Preferred:  □ Group Home  □ Treatment Facility  □ Child Caring Institution  
□ Psychiatric Hospital (Medical)  □ Boarding School

A. What is the child’s current living arrangement?  
How long?  Why is placement necessary?  

B. Placement History

1. Please provide the following information about each of the child’s previous placements, starting with the most recent first.

<table>
<thead>
<tr>
<th>TYPE OF PLACEMENT</th>
<th>LENGTH</th>
<th>REASON FOR REPLACEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(if more than 5 previous placements, attach supplementary sheet)

2. Date of first out of home placement?

C. What is the child’s Permanent Planning Goals? (Check appropriate category)

□ Return to Natural Family  □ Adoption  □ Permanent Foster Care  
□ Continued Foster Care - Independent  □ Continued Foster Care - Protective

D. What is the target date for goal attainment?

E. What kind of living arrangements should the child be prepared to go into following proposed placement?  Target Date?

F. Medical

1. Are there any significant medical problems?
   If yes, specify:  
2. Will these problems require specialized medical care or services?
   If yes, specify:  

G. Educational

1. What grade is the child in?  
2. Has the child been suspended or expelled from the local school district?

H. Is the child receiving special educational services?

If so check appropriate category below:

□ TRAINABLE  □ ORTHOPEDIC IMPAIRMENT  □ EMOTIONAL DISTURBANCE  
□ EDUCABLE  □ LEARNING DISABILITY  □ DEAF/HEARING IMPAIRMENT  
□ MULTIPLE (check other appropriate category)  
□ BLIND/VISUAL IMPAIRMENT  □ SPEECH/LANGUAGE IMPAIRMENT  □ OTHER:  
□ SEVERE DISABILITIES  □ MENTAL  
□ RETARDATION  □ HEALTH IMPAIRMENT  
□ AUTISM  □ TRAUMATIC BRAIN INJURY  
□ DEVELOPMENTAL DELAY (through age
I. Any behavior related to emotional disturbance/social maladjustment
   Please check those categories which best describe the child’s behavior in order of greatest concern:
   i.e. put a
   No 1 in the box of the category of greatest concern or that presents the greatest problems for the child,
   a No.
   2 in the box for the category of next greatest concern, etc.

   Runaway
   - occasional
   - chronic

   Serious Drug Involvement
   - mild
   - severe

   Depression
   - social
   - physical

   Self-Abusive Behavior
   - peers
   - staff
   - other

   Verbally Abusive Behavior
   - peers
   - staff
   - other

   Physically Aggressive Behavior
   - peers
   - staff
   - other

   Suicidal
   - manipulative behavior
   - serious risk

   Social Maladjustment
   - mild social acting out
   - chronic curfew violation
   - mild alcohol and/or drug abuse

   Destructive to property
   - fire setting
   - other physical destruction

   Delinquent behavior (criminal behavior)
   - Specify _______
   Frequent and prolonged loss of reality contact
   - hallucinatory behavior
   - prolonged and total loss of self control
   - moderate and occasional
   - severe and frequent