

**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.

TYPE OF PLACEMENT	LENGTH	REASON FOR REPLACEMENT

(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:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> TRAINABLE                                   | <input type="checkbox"/> ORTHOPEDIC IMPAIRMENT      | <input type="checkbox"/> EMOTIONAL DISTURBANCE   |
| <input type="checkbox"/> EDUCABLE                                    | <input type="checkbox"/> LEARNING DISABILITY        | <input type="checkbox"/> DEAF/HEARING IMPAIRMENT |
| <input type="checkbox"/> MULTIPLE (check other appropriate category) |   |  |
| <input type="checkbox"/> BLIND/VISUAL IMPAIRMENT                     | <input type="checkbox"/> SPEECH/LANGUAGE IMPAIRMENT | <input type="checkbox"/> 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

\_\_\_\_\_ Depression

- mild
- severe

\_\_\_\_\_ Self-Abusive Behavior

- social
- physical

\_\_\_\_\_ 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