

SCHOOL REFERENCE

Childs' Name:

Parent/Guardian Name:

Dear School Personnel:

The family of the above named child has applied to our agency to either foster or adopt. As part of our assessment we would like for you to confidentially address the following items:

1. Describe the child's adjustment and peer relationships.

2. Describe the child's academic achievement.

3. Describe the child's family involvement with the school.

4. Describe other pertinent information about the child.

We appreciate your comments and timely response.

Person Completing Form

School

Print

Date

Please mail/fax/scan information directly to:
Denise Gwinnup
Summit County Children Services
264 S. Arlington Street
Akron, OH 44306-1354
***FAX: (330) 379-1954**
Dgwinnup@summitkids.org

This consent expires upon termination of this agency's services to this family. This consent may be revoked by the family at any time.