

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**CHILD IN FOSTER CARE - SCHOOL NOTIFICATION**

This notice is being sent pursuant to section 445.1 of the Social Services Regulation on the following date:  
 \_\_\_ / \_\_\_ / \_\_\_ (Enter date notification is being transmitted)

- CHILD ENTERING FOSTER CARE
- CHANGE IN FOSTER CARE PLACEMENT
- CHILD DISCHARGED FROM FOSTER CARE

**Complete and transmit**  
**within 10 days of notification date**

**Section A**

CHILD (Full name):	DATE OF BIRTH OR APPARENT AGE: / / , OR
ADDRESS OF CHILD WHEN CHILD ENTERED FOSTER CARE:	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female
	DATE CHILD ENTERED FOSTER CARE: / /
	DATE CHILD DISCHARGED FROM FOSTER CARE: / /
Foster Care Placement ( <b>Choose one</b> ): *Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Boarding Home <input type="checkbox"/> Agency Boarding <input type="checkbox"/> Group Home <input type="checkbox"/> * List parent name/address ONLY if child is home on trial discharge basis (HOTB)	
NAME AND ADDRESS OF PARENT(S), GUARDIAN(S), FOSTER PARENT(S) OR CHILD-CARE AGENCY (Checked above):	
(AREA CODE) CELL PHONE NO.: ( ) -	(AREA CODE) TELEPHONE NO.: ( ) -
NAME OF SCHOOL DISTRICT CHILD RESIDED IN AT TIME OF ENTRANCE INTO FOSTER CARE (School district of origin):	ADDRESS OF SCHOOL DISTRICT OF ORIGIN:
NAME OF SCHOOL DISTRICT LAST ATTENDED (If different from above, school of origin):	ADDRESS OF SCHOOL OF ORIGIN:

**Section B**

NAME OF SCHOOL DISTRICT THAT CHILD WILL ATTEND PURSUANT TO THE BEST INTEREST DETERMINATION (School district of attendance):	ADDRESS OF SCHOOL DISTRICT OF ATTENDANCE:
Date entered this district / /	Does child have an IEP? <input type="checkbox"/> NO <input type="checkbox"/> YES
SCHOOL DISTRICT OF ATTENDANCE CONTACT PERSON (Please print name):	
TITLE:	(AREA CODE) TELEPHONE NO.: ( ) -

**Section C**

NAME OF SOCIAL SERVICES COMMISSIONER CHARGED WITH CARE OF CHILD:	ADDRESS OF SOCIAL SERVICES COMMISSIONER CHARGED WITH CARE OF CHILD:	
NAME OF AUTHORIZED AGENCY ACTING FOR COMMISSIONER (if applicable):	ADDRESS OF AUTHORIZED AGENCY ACTING FOR COMMISSIONER (if applicable):	
SIGNATURE OF COMPLETING OFFICIAL:	TITLE:	DATE: / /
EMAIL:	(AREA CODE) TELEPHONE NO.: ( ) -	
NAME OF CASEWORKER (Please print):	(AREA CODE) TELEPHONE NUMBER: ( ) -	

**Section D - BEST INTEREST DETERMINATION**

Documents considered for BID	Report Cards/Progress Reports <input type="checkbox"/> <b>Special Education:</b> Achievement data/test scores <input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> Attendance data <input type="checkbox"/> Disciplinary records <input type="checkbox"/> Emails/correspondence from individuals consulted <input type="checkbox"/> Other <input type="checkbox"/>
Input from the child’s caseworker, the child’s parent(s) (if available and able to provide input), and the child (if developmentally able) must be sought in making the best interest determination. Education personnel from the child’s current school must be informed of the meeting and invited to attend, and/or provide information to be considered in making the best interest determination. Other relevant parties should also be consulted, including the foster parent(s), the child’s attorney, others involved in the case planning for the child, teachers, school counselors or social workers, special education coordinators, coaches, school transportation personnel or other adults significant to the child. If the child is enrolled in BOCES programming, impact on that enrollment should also be considered.	
<b>Name of Parties Who Participated in the BID Process:</b>	
Child	Name:
Birth parent(s)	Name:
Caseworker	Name:
Foster parent(s)	Name:
Attorney for child	Name:
School representative from current school who knows student	Name:
CPSE/CSE chair or designee (if applicable)	Name:
Pupil personnel services (school social worker, school counselor, school psychologist, school nurse, attendance officer/teacher)	Name:
Other:	Name:
Other:	Name:

**Section E - BEST INTEREST DETERMINATION SUMMARY OF RATIONALE (Summarize the key factors influencing the determination)**

**COMPLETE AND TRANSMIT WITHIN 10 DAYS OF CHILD ENTERING FOSTER CARE, CHANGE IN FOSTER CARE PLACEMENT OR FINAL DISCHARGE FROM FOSTER CARE.**

**One copy** to originating agency (LDSS or authorized agency), **one copy** to school district of attendance and **one copy** to school district of origin

**INSTRUCTIONS**  
*(Please print all information clearly)*

**In Section A**

- Enter name, address and date of birth, OR age of child entering foster care.
- Enter the gender of the child entered into the foster care system.
- Enter date child entered and left the foster care system.
- Check the type of foster care placement: Parent(s) (only if the child is home on a trial discharge basis, HOTB), guardian, foster boarding home, agency boarding home or group home.
- Enter the name and address of the following individual(s), as applicable to the placement type: Parent(s) if the child is home on trial discharge; guardian(s) if the child is placed with a guardian; foster parent(s) if the child is in a foster boarding home; or the child-caring agency if the child is in an agency-operated boarding home or group home. This is the contact person that the School will keep on file for day-to-day communication.
- Enter parent's name(s), address and phone number only if child is HOTB.
- Enter name, address and phone number of the school district the child resided in when the child entered foster care.
- Enter name of the school district the child last attended if different from the one entered above.

**In Section B**

- Enter the school district the child is attending.
- Enter the county department of social services handling foster care.
- Enter the date the child entered the district.
- Does the child have an Individualized Education Plan (IEP)?
- Enter a contact person's printed name and his/her phone number.

**In Section C**

- Enter the name and address of the social services commissioner charged with care of the child.
- Enter the name and address of the authorized agency acting for the commissioner.
- Signature of the completing official, his/her title, phone number, email and date.
- Print the name of the social services caseworker, his/her area code and phone number.
- Comments the social services caseworker may have.

**In Section D:**

- Enter the documents considered when making the BID.
- Enter the name of all individuals who participated in the BID process. Participation may consist of submission of documents, correspondence, etc. or may include in-person attendance at any meetings.

**In Section E:**

- Enter a rationale for the BID, including any key factors that influenced the determination such as participation in a BOCES or other programming.