

## Potential School Change/Notice of School Change Form (PSCF)

### Step 1: EHSD Social Worker to complete the following section and send it to CCCOE Education Liaison.

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Caregiver Name: \_\_\_\_\_ Caregiver Phone Number: \_\_\_\_\_  
Caregiver Address: \_\_\_\_\_  
Education Right's Holder (ERH) Name: \_\_\_\_\_ ERH relationship to Child: \_\_\_\_\_  
ERH Phone Number: \_\_\_\_\_ Date JV 535 filed (not applicable if parent(s) is the ERH): \_\_\_\_\_  
Social Worker Name: \_\_\_\_\_ Social Worker Phone Number: \_\_\_\_\_  
Social Worker Fax Number: \_\_\_\_\_ Social Worker Email: \_\_\_\_\_  
Current School Name: \_\_\_\_\_ District: \_\_\_\_\_  
Proposed School Change to: \_\_\_\_\_ Proposed District: \_\_\_\_\_  
Who is requesting school change: \_\_\_\_\_  
Reason requesting school change: \_\_\_\_\_  
Is ERH aware a school placement change is being considered?  Yes  No  
Is child (10 years and older) aware a school placement change is being considered?  Yes  No  
Additional Comments: \_\_\_\_\_

### Step 2: CCCOE Education Liaison is to review and forward the form to current Foster Youth District Liaison.

Name of reviewing CCCOE Education Liaison: \_\_\_\_\_ Date: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_

### Step 3: Foster Youth District Liaison is to complete the following section and forward the form to CCCOE Education Liaison.

Grade Level: \_\_\_\_\_ Date Enrolled: \_\_\_\_\_ Current GPA: \_\_\_\_\_  
Does child/youth have a disability or accommodation plan?  IEP  504  Other  No  
Concerns for academic success?  Behavior  Suspension/Expulsion (current or previous)  School Work  
 Attendance  Other: \_\_\_\_\_  
Comments: \_\_\_\_\_  
AB 167 Approved?  Yes  No Comments: \_\_\_\_\_  
Extracurricular Activities: \_\_\_\_\_  
Foster Youth District Liaison recommendation for best interest of child:  Maintain current school  Change School  
Comments: \_\_\_\_\_  
Proposed date of school change, if recommended: \_\_\_\_\_  
Name of reviewing Foster Youth District Liaison: \_\_\_\_\_ Date: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Step 4: CCCOE Education Liaison is to review and forward the form to EHSD Social Worker.**

**Step 5. EHSD Social Worker is to complete the following section and forward the form back to the Education Liaison.**

Is ERH in agreement with above school placement recommendation?  Yes  No

Is child (10 years and older) in agreement with above school placement recommendation?  Yes  No

**Step 6. CCCOE Education Liaison is to provide a copy to the Foster Youth District Liaison.**