**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Safety and Permanence

**Education Passport**

**Use of Form**: Whenever a student enters care, changes placement, or exits care, child welfare workers are advised to share the Education Passport form to school staff for the purpose of sharing information to support the educational success of the Student. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes]*.*

|  |
| --- |
| **Basic Information** |
| Date Form Completed:  |        | Date of Exit:        |
| [ ]  Student in Care [ ]  Student Exiting Care  |
| Name – Student      | Birthdate – Student       | Student ID      |
| Age      | Cell Number      |
| [ ]  Male [ ]  Female | Email Address      |
| **Education Information** |
| Current School      | Current School District      | Current Grade       |
| Point of Contact:       (https://dpi.wi.gov/foster-care/foster-care-point-of-contact) |
| [ ]  Yes [ ]  No Specialized Program(s) | If yes, what program(s)?      |
| [ ]  Yes [ ]  No Is this a School Transfer? | If yes, from what school and district?      |
| [ ]  Yes [ ]  No Individualized Education Plan (IEP) |  |
| **Child Welfare Agency** |
| Agency Name       | Agency Address      |
| Name – Caseworker      | Office Number       | Email Address       |
| Cell Number      |
| Name – Supervisor      | Office Number       | Email Address       |
| Cell Number      |
| **Out of Home Care Provider** |
| Name – Out of Home Care Provider      | Address (Street, City, State, Zip Code)      |
| Cell Number      | Email Address      | Telephone Number      |
| **Parent(s) / Guardian(s) / Custodian(s)** |
| Name –            | Address (Street, City, State, Zip Code)      |
| Cell Number      | Email Address      | Telephone Number      |
| **Contact Restrictions** |
| [ ]  Yes [ ]  No Are there any limitations on interaction with a parent, guardian or other individual that would apply in a school setting? |
| If yes, please explain (i.e. court orders such as no-contact orders, orders for supervised family interactions).      |
| **Health** |
| [ ]  Yes [ ]  No Does the child have asthma? |
| If yes, describe the conditions that trigger an asthma attack and any emergency protocol.      |
| [ ]  Yes [ ]  No The child has allergies, such as allergies to: Medications, animals, insect bites/stings, foods (including nuts and/or dairy), fabrics, soaps, grass, trees, ragweed, wool, etc. |
| If yes, specify details, including reactions.Allergy type:       Details/Reactions:       |
| [ ]  Yes [ ]  No [ ] Unknown Special diet needs or limitations       |
| [ ]  Yes [ ]  No [ ] Unknown Eats non-food items       |
| **Information for School Staff to Promote School Success** |
| [ ]  Yes [ ]  No [ ] Unknown Unable to indicate wants and/or needs |
| [ ]  Yes [ ]  No [ ] Unknown Difficulty understanding simple routines or simple tasks |
| [ ]  Yes [ ]  No [ ] Unknown Limited communication skills or is unable to communicate |
| [ ]  Yes [ ]  No [ ] Unknown Extra time spent with child on required school activities (e.g. homework) |
| **Transportation (How will the student get to and from school and school related extracurricular activities?)**      |
| **Positive attributes and interests**      |
| **Extracurricular activities (school, community, or spiritual based)**      |
| **School relevant behavioral triggers (i.e. reacts negatively to sudden noises)**      |
| **Other relevant information (Not mental health related; i.e. education program details like the name of an after school program student is involved in)**      |
| **Exit Information** |
| Name(s) of person(s) student resides with      | Address (Street, City, State, Zip Code)      |
| Telephone Number      | Cell Number      | Email Address      |
| Notes about student’s living arrangement (i.e. 50 / 50 custody with mother and father)      |