

## 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: 09/01/2015 (mm/dd/yyyy)		Date of Exit: (mm/dd/yyyy)
<input checked="" type="checkbox"/> Student in Care <input type="checkbox"/> Student Exiting Care		
Name – Student Badger, Bucky T.	Birthdate – Student (mm/dd/yyyy)	Student ID
	Age	Cell Number
	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Email Address
		Bucky.Badger@gmail.com

### Education Information

Current School	Current School District	Current Grade
Wisconsin School - 555 5th Street, Milwaukee, WI 53222	Milwaukee - 3619	10th
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Individualized Education Plan (IEP)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specialized Program(s)		If yes, what program(s)
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is this a School Transfer?		If yes, from what school

### Child Welfare Agency

Agency Name	Agency Address	
State Central Office	1 W. Wilson, Room 527, Madison, WI 53702	
Name – Caseworker Cake, Caitlin	Office Number	Email Address
	Cell Number	
Name – Supervisor Smith, Caitlin S.	Office Number	Email Address
	Cell Number	

### Out of Home Care Provider

Name – Out of Home Care Provider	Address (Street, City, State, Zip Code)	
ABC Group Home		
Cell Number	Email Address	Telephone Number
	ABC Group Home - candy.cane@ABCGroupHome.org	(414)123-4567

### Parent(s) / Guardian(s) / Custodian(s)

Name – Parent 1	Address (Street, City, State, Zip Code)	
Badger, Lady A.	123 4th Street, Milwaukee, WI 53222	
Cell Number	Email Address	Telephone Number
		(414)555-1212
Name – Parent 2	Address (Street, City, State, Zip Code)	
Known, Not		
Cell Number	Email Address	Telephone Number

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).

### Information for School Staff to Promote School Success

Transportation (How will the student get to and from school and school related extracurricular activities?)

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Transportation will be decided upon by the group home.

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Positive attributes and interests

Per group home, Bucky reports enjoying many different classes in school: gym, art, social studies, science, and reading.

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Outside of school, Bucky enjoys basketball, baseball, and biking. Bucky enjoys both indoor and outdoor activities.

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Extracurricular activities (school, community, or spiritual based)

Bucky enjoys basketball, baseball, and biking. Bucky enjoys both indoor and outdoor activities.

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School relevant behavioral triggers (i.e. reacts negatively to sudden noises)

Per group home, Bucky has a difficult time when he perceives something as being unfair, or he feels he is being disrespected. In these situations, he has a tendency to become more verbally aggressive and confrontational than normal with both peers and staff. He struggles with task completion and deadlines and could use additional support in these areas.

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Other relevant information (Not mental health related; i.e. education program details like the name of an after school program student is involved in)

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**Exit Information**

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Name(s) of person(s) student resides with	Address (Street, City, State, Zip Code)	
Telephone Number	Cell Phone Number	Email Address

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Notes about student's living arrangement (i.e. 50 / 50 custody with mother and father)

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