

CHILD'S NAME:	CASE NUMBER:
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6. **Child's Special Education Status**

- a. The child is a special education student. Date of last Individualized Education Plan (IEP):
- b. The child is not a special education student.
- c. I do not know the child's special education status.

7. **Current Status of Child's Adjustment to Living Arrangement**

- a. There is no new or additional information since the last court hearing.
- b. There is new or additional information since the last court hearing, as follows:

8. **Current Status of Child's Social Skills and Peer Relationships**

- a. There is no new or additional information since the last court hearing.
- b. There is new or additional information since the last court hearing, as follows:

9. **Current Status of Child's Special Interests and Activities**

- a. There is no new or additional information since the last court hearing.
- b. There is new or additional information since the last court hearing, as follows:

10. **Other Helpful Information**

- a. There is no new or additional information since the last court hearing.
- b. There is new or additional information since the last court hearing, as follows:

11. **Recommendation for Disposition (Outcome)**

- a. I have no recommendation for disposition (*outcome*).
- b. I am recommending the following disposition (*outcome*):

12. If you need more space to respond to any section on this form, please check this box and attach additional pages.
 Number of pages attached:

NOTICE

If you are not the child, child's parent, or child's legal guardian, you may have a right to challenge a decision by the juvenile court, but only in very limited circumstances. You may need a court order granting you access to records in the juvenile case file. For more information, please see *Information on Requesting Access to Records for Persons With a Limited Right to Appeal* (form JV-291-INFO). You can get form JV-291-INFO at any courthouse or county law library or online at www.courts.ca.gov/forms.

Date:

<p>(TYPE OR PRINT NAME)</p>	▶	<p>(SIGNATURE OF CAREGIVER OR FACILITY/AGENCY STAFF PERSON WHO HAS COMPLETED THIS FORM)</p>
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