



New Jersey Judiciary
Superior Court - Family Division
Initial Review -- Child Placement Review (CPR)
Board Recommendation to the Judge

County of _____
 Review Date _____
 Board # _____

| | | | | |
|---|--------------------|---|-----------------------|--|
| Child | | Date of Birth | Age | Division Case Manager / Supervisor |
| NJSpirit Participant #: _____ | | | | |
| Docket Numbers: | FN- FC- | FG- | FJ- FF- | |
| | Next FN court date | Next FG court date | Next FJ-FF court date | |
| Date of Current Placement | | Repeated Placement <input type="checkbox"/> Yes <input type="checkbox"/> No | | Date of Family Summary / Case Plan / Court Report -- Out-of-Home |
| Authority for Placement <input type="checkbox"/> Residential <input type="checkbox"/> Independent Living <input type="checkbox"/> Court Order | | If yes, Date of original placement _____ | | |
| Division Placement Type (Short Term Plan) | | Division Long Term Goal | | |
| <input type="checkbox"/> Resource Home – Relative – Family Friend | | <input type="checkbox"/> Reunification w/ Parent / Guardian | | |
| <input type="checkbox"/> Resource Home – Non-Relative | | <input type="checkbox"/> Permanency w/ Relative / Family Friend | | |
| <input type="checkbox"/> Group Home | | | | |
| <input type="checkbox"/> Institution (Med / Rehab / Psych) | | | | |
| <input type="checkbox"/> Residential Facility (Educ / Treatment) | | | | |
| <input type="checkbox"/> Other (explain) _____ | | If the Long Term Goal is Adoption: <input type="checkbox"/> Relative <input type="checkbox"/> Resource Parent(s) <input type="checkbox"/> Selected Home <input type="checkbox"/> Undetermined | | |
| 1. Agency placement plan for this child is consistent with <u>N.J.S.A.</u> 30:4C-55, -58 and – 60 <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 2. Current goal is <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable Current plan is <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable | | | | |
| 3. Date the Division proposed goal / plan is to be achieved: _____ Date satisfies Review Board? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Review Board goal date: _____ | | | | |
| 4. Is there a current health form ? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 5. Is there a current education form ? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 6a. Is there an independent living assessment ? (if child is over 14 yrs., attach documentation) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 6b. Is there a current independent living plan ? (if child is over 16 yrs., attach documentation) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Appearances: | | | | |
| <input type="checkbox"/> Parent <input type="checkbox"/> Parent <input type="checkbox"/> Resource Family(s) <input type="checkbox"/> Division Supervisor <input type="checkbox"/> Division Caseworker | | | | |
| <input type="checkbox"/> Other _____ | | | | |

Board members attending review (initials only)

Chairperson _____ Board Member _____ Board Member _____ Board Member _____ Board Member _____

Reasonable Efforts

Have the Division's **reasonable efforts to prevent** the placement been documented on the Initial Court Order or on the Order to Show Cause? Yes No

If No, what were the reasonable efforts?

Board Recommends & Additional Comments: