JV-225 Your Child's Health and Education

Clerk stamps date here when form is filed.

To the social worker or probation officer: If the parent or guardian needs help completing this form, please help him or her.

To the parent or guardian: Complete and sign this form. If you need more space to answer, attach one or more sheets of paper to this form and write "JV-225" at the top of each page. The information requested on this form is necessary to meet the medical, dental, mental health, educational, and developmental needs of your child. The court has directed you to provide your child's medical, dental, mental health, educational, and developmental information. The court has also directed you to provide your medical, dental, mental health, and educational information and, if you know, the same information about the other parent or guardian. If you need help, the social worker or probation officer will help you fill out this form.

Fill in court name and street address:

Superior Court of California, County of

Clerk fills in case number when form is filed.

Case Number:

1 Your name: _____
Your relationship to child: _____
Your home address: _____
City: _____ State: _____ Zip code: _____
Your mailing address: _____
City: _____ State: _____ Zip code: _____
Your telephone number: _____

2 Your child's name: _____
a. Your child's date of birth: _____
b. Where was your child born? _____
City: _____ State: _____ Country: _____
c. Hospital: _____
d. Your child's birth weight: _____

Child's Health

3 Does your child have any physical or mental health challenges? ☐ Yes ☐ No
If yes, is your child receiving any assistance, services, or treatment for these problems? *(Explain):*
a. ☐ Allergies: _____
b. ☐ Injuries: _____
c. ☐ Diseases: _____
d. ☐ Disabilities: _____
e. ☐ Other: _____
f. ☐ Other: _____

4 Has your child ever been admitted to the hospital for care or treatment of any of the conditions in item **3**?
☐ Yes ☐ No
If yes, please explain: _____

5 Is your child taking any medication? ☐ Yes ☐ No
If yes, please list each medication and explain why your child is taking it:

Medication and dosage	Reason for taking medication	Date begun

Child's name: _____ **Case Number:**

6 When was your child last seen by a doctor?
Date: _____
Doctor's name: _____
Office address: _____
Mailing address *(if different):* _____
Telephone number: _____

7 When was your child last seen by a dentist?
Date: _____
Dentist's name: _____
Office address: _____
Mailing address *(if different):* _____
Telephone number: _____

8 List the names of all doctors, nurses, dentists, hospitals, clinics, and other health-care providers and healers, other than those listed in 6 and 7, who have seen your child within the past two years:

Name	Address *(city, state, zip code)*	Date of last visit	Reason for visit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9 What doctor, nurse, dentist, hospital, clinic, or other health-care provider has health records regarding your child?
a. Medical records: _____
b. Dental records: _____
c. Mental health records: _____
d. Other: _____

10 When was your child's eyesight last tested?
Date of examination: _____
Who examined your child's sight? _____
Address *(include city, state, zip code):* _____
Telephone number: _____

11 Does your child wear glasses or contact lenses? ☐ Yes ☐ No

12 Does your child wear a hearing aid? ☐ Yes ☐ No

13 Is your child covered by an insurance policy?
a. Medical ☐ Yes ☐ No *(If yes, specify insurance policy):* _____
b. Dental ☐ Yes ☐ No *(If yes, specify insurance policy):* _____
c. Vision ☐ Yes ☐ No *(If yes, specify insurance policy):* _____

Child's Education

14 When your child was living with you, what school did your child attend?
Name of school: _____
Address *(include city, state, zip code):* _____
a. Is your child still allowed and able to attend this school? ☐ Yes ☐ No
b. If no, did you agree to give up your child's right to remain at this school? ☐ Yes ☐ No

14 c. When your child was living with you, was your child receiving, or had your child received, any assistance or help at school or any assessments, evaluations, services, or accommodations to help your child with any physical, mental, or learning-related disabilities or other special educational needs? ☐ Yes ☐ No
(1) If yes, what assessments, evaluations, services, or accommodations was your child receiving?

_____

_____

(2) Who gave your child these educational or developmental services?

_____

_____

d. Has your child ever been referred to a regional center for developmental services? ☐ Yes ☐ No
If yes, list the name and location of the regional center and the date of the referral.

_____

e. If applicable, do you have a copy of your child's individualized education program (IEP), section 504 plan, individualized family service plan (IFSP), individual program plan (IPP), or quality assurance assessment?
☐ Yes ☐ No

f. What language did your child first learn to speak? _____

g. What is his or her primary language? _____

h. What language do you most often use when speaking to your child? _____

i. Has your child ever been identified as limited English proficient or as an English Language Learner by a school?
☐ Yes ☐ No

j. Has your child ever been enrolled in a specialized program to learn English? ☐ Yes ☐ No

15 List all other schools or day care facilities your child has attended:

School *(name, city, state):* _____ Dates of attendance: _____
School *(name, city, state):* _____ Dates of attendance: _____
School *(name, city, state):* _____ Dates of attendance: _____
School *(name, city, state):* _____ Dates of attendance: _____

16 a. What grade is your child in? _____

b. Does he or she have any special needs? ☐ Yes ☐ No
If yes, please describe: _____

_____

_____

_____

c. If your child is three years old or younger, do you believe that your child might have motor, developmental, or other delays? ☐ Yes ☐ No
If yes, explain why: _____

_____

What assessments, evaluations, services, treatment, or accommodations do you believe your child needs for the delay? _____

_____

_____

_____

16 d. Do you believe your child might have a disability? ☐ Yes ☐ No
If yes, please describe: _____

What assessments, evaluations, services, treatment, or accommodations do you believe your child needs for the disability? _____

17 a. Has your right to make educational decisions for your child been limited? ☐ Yes ☐ No
If yes, who has the right to make educational decisions for your child?
Name: _____
Relationship to child: _____

b. Has your right to make developmental-services decisions for your child been limited? ☐ Yes ☐ No
If yes, who has the right to make developmental-services decisions for your child? ☐ same as 17a.
Name: _____
Relationship to child: _____

Biological Parent's Health and Education *(State law requires you to provide this information about yourself. If you do not want to provide this information, please talk to your attorney.)*

18 a. When were you last seen by a doctor and dentist? _____
(1) What medical problems run in your family? _____

(2) Do you have medical problems or disabilities? ☐ Yes ☐ No
If yes, please describe: _____

(3) What medications do you take?

Medication	Reason for taking medications

b. What is your educational history?
(1) School last attended *(name, city, state):* _____
(2) Last grade completed: _____

19 a. If you know, provide the following information about your child's other biological parent:
(1) Name of other parent: _____

19 a. (2) Other parent's medical problems and disabilities
(Please include physical, mental, developmental, and learning problems):

_____
_____
_____

(3) My child's other parent takes the following medications:

Medication	Reason for taking medication
_____	_____
_____	_____
_____	_____

(4) The following medical problems run in the family of my child's other parent:

_____
_____
_____

b. My child's other parent has the following educational history:
(1) School last attended: _____
(2) Last grade completed: _____

I declare that the information on this form is true and correct to the best of my knowledge.

Date: _____

_____ } _____
Type or print parent's/guardian's name *Parent/guardian signs here*

Date: _____

_____ } _____
Type or print social worker's name *Social worker signs here*

Date: _____

_____ } _____
Type or print probation officer's name *Probation officer signs here*

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