



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- _____	Next FN court date	FG- _____ Next FG court date	FJ- _____ FF- _____ Next FJ-FF court date	
Date of Current Placement	Repeated Placement <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date of original placement _____		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				
Division Placement Type (Short Term Plan) <input type="checkbox"/> Resource Home – Relative – Family Friend <input type="checkbox"/> Resource Home – Non-Relative <input type="checkbox"/> Group Home <input type="checkbox"/> Institution (Med / Rehab / Psych) <input type="checkbox"/> Residential Facility (Educ / Treatment) <input type="checkbox"/> Other (explain) _____		Division Long Term Goal <input type="checkbox"/> Reunification w/ Parent / Guardian <input type="checkbox"/> Permanency w/ Relative / Family Friend 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. 30:4C-55, -58 and – 60</u> <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: