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| A picture containing logo  Description automatically generated | | | New Jersey Judiciary  **Benchmark Hearing Checklist** | | | | | | |
|  | | | Ages 11-14 (if in foster care for one or more years) | | | | | | |
|  | | | Age 15 | Age 16 | Age 17 | Ages 18-20 | | | |
| **Name of Youth** | | | | | | | | | |
|  | | | | | | | | | |
| **Related FN/FC/FG docket numbers** | | | | | | | | | |
|  | | | | | | | | | |
| Has a fact-finding hearing occurred in the FN docket?  (If no, a benchmark hearing shall not be scheduled until after the court has entered an FN fact-finding order.) | | | | | | | | Yes | No |
| Was Guardianship awarded? | | | | | | | | Yes | No |
| If yes, indicate date     and docket number:    . | | | | | | | |  |  |
|  | **Permanency** | | | | | | | | |
| 1. What is the permanency goal? | | | | | | |  | |  |
|  | | Reunification with parent or relative | | | | |  | |  |
|  | | Adoption | | | | |  | |  |
|  | | Kinship Legal Guardianship | | | | |  | |  |
|  | | APPLA - Other Long Term Specialized Care | | | | |  | |  |
|  | | APPLA - Independent Living (under 18) | | | | |  | |  |
|  | | APPLA - Individual Stabilization (18+) | | | | |  | |  |
|  | | Long-term custody with a relative | | | | |  | |  |
|  | | | | | | |  | |  |
| 1. What needs to be done to achieve this goal? | | | | | | |  | |  |
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| 1. What is the youth's placement history? (Indicate date of each placement) | | | | | | |  | |  |
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| 1. If the youth is in a residential placement: | | | | | | |  | |  |
|  | | Identify the reasons for continuing the residential placement and provide a discharge date (if known): | | | | |  | |  |
|  | |  | | | | |  | |  |
|  | | | | | | |  | |  |
|  | | Identify what the residential program is providing to allow this particular youth to move to a less restrictive setting: | | | | |  | |  |
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|  | | What is the time frame for moving the youth to a less restrictive setting? | |  |  |
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|  | | | |  |  |
| 1. Are there problems with the placement? | | | | Yes | No |
|  | | If yes, describe the problems in detail. | |  |  |
|  | |  | |  |  |
|  | | | |  |  |
| 1. Is the youth receiving life skills training? | | | | Yes | No |
|  | | | |  |  |
| 1. What are the youth’s future goals? | | | |  |  |
|  | |  | |  |  |
|  | | | |  |  |
| 1. If the permanency plan is Independent Living/Individual Stabilization, what does the youth, given the permanency plan and individual needs, require to become an independent, productive adult? | | | |  |  |
|  | |  | |  |  |
|  | | | |  |  |
| 1. Are there barriers to obtaining the youth’s goals? | | | | Yes | No |
|  | | If yes, describe. | |  |  |
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| 1. What is the youth’s immigration status? | | | |  |  |
|  | |  | |  |  |
|  | | | |  |  |
| 1. If the youth is not a US citizen, what, if anything, is being done to assist the youth regarding their immigration status? | | | |  |  |
|  | |  | |  |  |
|  | | | |  |  |
| 1. Does DCP&P have the youth’s | | | |  |  |
|  | | birth certificate? | | Yes | No |
|  | | social security card? | | Yes | No |
|  | | | |  |  |
|  | **Education** | | | | |
| 1. In what school district is the youth currently registered and what school does the youth attend? (Attach most recent report card.) | | | |  |  |
|  | |  | |  |  |
|  | | | |  |  |
| 1. Who has attended the parent/teacher conferences in this school year, or the last two marking periods, for the youth? | | | |  |  |
|  | |  | |  |  |
|  | | | |  |  |
| 1. Are there problems, other than academic, at school, *e.g*., bullying, extracurricular activities, etc.? | | | | Yes | No |
|  | | If yes, describe. | |  |  |
|  | |  | |  |  |
|  | | | | | |
| 1. Has the youth been suspended or expelled from school? | | | | Yes | No |
|  | | If yes, describe. | |  |  |
|  | |  | |  |  |
|  | | | |  |  |
| 1. Is the youth involved in any school-related extracurricular activities? | | | | Yes | No |
|  | | If yes, describe. | |  |  |
|  | |  | |  |  |
|  | | | |  |  |
|  | **Transition Planning Issues** | | | | |
|  | | a. | What is the youth’s expected date of graduation? |  |  |
|  | | b. | Will the youth graduate on time? | Yes | No |
|  | | c. | What are the youth’s realistic options regarding future educational plans? |  |  |
|  | |  |  |  |  |
|  | | | |  |  |
| 1. Has the youth taken the PSATs, SATs, ACTs, or other college entrance exam? | | | | Yes | No |
| *If college does not appear to be a realistic option,* ***answer questions 20 through 22****. If college is an option,* ***skip to question 23****.* | | | | | |
| 1. Is the youth in a vocational program? | | | | Yes | No |
| If not, should they be in one? | | | | Yes | No |
| List any job history. | | | |  |  |
|  | |  | |  |  |
|  | | | |  |  |
| 1. Does the youth have any vocational interests? | | | | Yes | No |
|  | | If yes, explain what has been done to foster the youth’s interests. | |  |  |
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| 1. What other opportunities will the youth be pursuing? | | | |  |  |
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|  | | a. | Does the youth need to take the GED Test? | Yes | No |
|  | | b. | Does the youth understand the process to take the GED Test? | Yes | No |
|  | | c. | Does the youth need GED prep classes? | Yes | No |
|  | | d. | Does the youth need assistance in paying for the GED prep classes or for the GED Test if there is a fee? | Yes | No |
|  | | | |  |  |
| 1. Where does the youth plan to reside? | | | |  |  |
|  | |  | |  |  |
|  | |  | |  |  |
|  | **Health** | | | | |
| ***Physical Health*** | | | |  |  |
| 1. Does the youth have a Medicaid card? | | | | Yes | No |
|  | | | |  |  |
| 1. Has the youth had a recent physical? | | | | Yes | No |
|  | | | |  |  |
| 1. Does the youth have any ongoing physical health issues? | | | | Yes | No |
|  | | If yes, describe. | |  |  |
|  | |  | |  |  |
|  | | | |  |  |
| 1. Does the youth have any special needs? | | | | Yes | No |
|  | | If yes, describe how these needs have been addressed. | |  |  |
|  | |  | |  |  |
|  | | | |  |  |
| ***Mental Health*** | | | |  |  |
| 1. Has the youth received a psychological evaluation? | | | | Yes | No |
|  | | If yes, when? | |  |  |
|  | | | |  |  |
| 1. Has the youth received a psychiatric evaluation? | | | | Yes | No |
|  | | If yes, when? | |  |  |
|  | | | |  |  |
| 1. Has the youth received any therapy/counseling? | | | | Yes | No |
|  | | If yes, what type? | |  |  |
|  | | How often? | |  |  |
|  | | Is therapy still recommended to continue? | | Yes | No |
|  | | | |  |  |
| 1. Are more services needed? | | | | Yes | No |
|  | | If yes, explain what services are needed and why. | |  |  |
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| 1. Is the youth prescribed any psychotropic medication? | | | | Yes | No |
|  | | If yes, provide names of medications, dosage, and frequency. | |  |  |
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|  | | | |  |  |
| 1. Is the youth taking their prescribed medication? | | | | Yes | No |
|  | | If no, explain why. | |  |  |
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|  | **Social Development** | | | | |
| 1. What best describes the youth’s social development? (Check one) | | | |  |  |
|  | |  | On a healthy social development pathway. |  |  |
|  | |  | Having some minor problems with their social development. |  |  |
|  | |  | Having some moderate problems with their social development. |  |  |
|  | |  | Experiencing severe disruptions in their social development. |  |  |
|  | | | |  |  |
| 1. Describe positive indicators: | | | |  |  |
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|  | | | |  |  |
| 1. Describe main concerns: | | | |  |  |
|  | |  | |  |  |
|  | | | |  |  |
| 1. Is or has the youth been involved in any juvenile delinquency proceedings? | | | | Yes | No |
|  | | If yes, what is the status? | |  |  |
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|  | | | |  |  |
| 1. Does the youth have a mentor? | | | | Yes | No |
|  | | If yes, describe the relationship. | |  |  |
|  | |  | |  |  |
|  | | | |  |  |
|  | **Recreation** | | | | |
| 1. Is the youth involved in any recreational activities? | | | | Yes | No |
|  | | If yes, what are they? | |  |  |
|  | |  | |  |  |
|  | | If no, are they interested in being involved in any? | | Yes | No |
|  | | If yes, describe. | |  |  |
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|  | **Developmental** | | | |
| 1. Does the youth have any developmental issues? | | | Yes | No |
|  | | If yes, provide details. |  |  |
|  | |  |  |  |
|  | | |  |  |
| 1. Does the youth have any disabilities? | | | Yes | No |
|  | | If yes, has an SSI application been filed? | Yes | No |
|  | | |  |  |
| 1. Does the youth have any special needs for which the youth may need or benefit from DDD or DVR services? | | | Yes | No |
|  | | |  |  |
|  | **Additional Questions for Youth Ages 18 through 20** | | | |
| 1. Does the youth presently have sufficient housing arrangements? | | | Yes | No |
|  | | Explain. |  |  |
|  | |  |  |  |
|  | | |  |  |
| 1. Does the youth have any immediate post-secondary education or vocational plans? | | | Yes | No |
|  | | Explain. |  |  |
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| 1. What is youth’s employment plan/goals? | | |  |  |
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