DMCPS Job Aid: Education Passport

Use of Form: Whenever a student enters care, changes placement, or exits care, child welfare workers are advised to share the Education Passport form to school staff for the purpose of sharing information to support the educational success of the Student. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Basic Information
This box prefills from a child's demographic information.

Date Form Completed: (mm/dd/yyyy)	Date of Exit: (mm/dd/yyyy)

☐ Student in Care   ☐ Student Exiting Care

Name – Student	Birthdate – Student (mm/dd/yyyy)	Student ID
	Age	Cell Number
	☐ Male ☐ Female	Email Address

Education Information
Enter the following information to the best of your knowledge.

Current School	Current School District	Current Grade

☐ Yes   ☐ No   Individualized Education Plan (IEP)

☐ Yes ☐ No Specialized Program(s)	If yes, what program(s)
☐ Yes ☐ No Is this a School Transfer?	If yes, from what school

Child Welfare Agency
The agency name, Case Worker, and Supervisor will prefill.

Agency Name	Agency Address	
Name – Caseworker	Office Number	Email Address
	Cell Number	
Name – Supervisor	Office Number	Email Address
	Cell Number	

Out of Home Care Provider
If the child is currently in an approved out-of-home care placement, the name, address, and contact information will prefill.

Select the 'Search' hyperlink to search for a different provider, or enter the information manually.

Name – Out of Home Care Provider	Address (Street, City, State, Zip Code)	
Cell Number	Email Address	Telephone Number

Parent(s) / Guardian(s) / Custodian(s)
Parent 1 and Parent 2 will prefill from the child's Person Management page. Select the parent's hyperlink and go to the Address tab to update their address, phone, email or cell phone.

Select 'Yes' or 'No' if there are any limitations with parents, guardians, or other individuals. If Yes, enter an explanation.

Name –	Address (Street, City, State, Zip Code)	
Cell Number	Email Address	Telephone Number

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☐ Yes ☐ No   Are there any limitations on interaction with a parent, guardian or other individual that would apply in a school setting?

Check this box if there are limitations to interaction with or about the child.

If yes, please explain (i.e. court orders such as no-contact orders, orders for supervised family interactions).

Specifically state which court issued the order, the date the order was issued, and describe specifically what the order states about limited interactions with the child. If we learned about an order from police, the DA's office, or by checking CCAP (to learn about criminal and/or family court proceedings), this must be stated.

Examples:
1) "Milwaukee County Children's Court issued permanent guardianship to DMCPS on 12/3/2019 for Junior. Juniors biological parents, Mrs. Junior and Mr. Junior, can no longer consent to school related activities.
2) "IAS/OCM was informed by Milwaukee Police on 11/5/2018 that a no contact order was issued for Mr. Junior. Mr. Junior is not allowed to have contact with Mrs. Junior and Junior, until further notice."
3) "A criminal court order was issued for 10/17/2018, as noted on CCAP, and the Milwaukee County Case Number is ######. The court order only allows supervised interactions between Mr. Junior and Junior."
4) "During the TPC court hearing on 1/8/2019, a no contact order was issued verbally, noting that Junior cannot have contact with Mr. Junior or Mrs. Junior until further notice. The IAS/OCM confirmed this with the assigned ADA."

If DMCPS is the guardian state so here.

Information for School Staff to Promote School Success
This group box is a series of narrative questions to help promote school success.

Transportation (How will the student get to and from school and school related extracurricular activities?)

State if transportation is or is not needed. Then, choose one of the following as an appropriate option for the child and insert it in the education passport:
1. Child will continue to attend the same school and there is no need for a transportation change.
   a) Example: "Transportation will continue to be provided by insert here."
2. Transportation Change Needed (All School Districts)
   a) "IAS/OCM or foster parent or another supportive individual will transport the child to school for up to 14 days from today (XX-XX-XXXX), while (school name) determines if an existing transportation route can be modified to accommodate the child." *The assigned IAS or CM will re-submit the Education Passport with updated transportation information once it is available from the school district.*
   b) Transportation Confirmed from School District:
      i. Example: "The child will be transported to/from school enter information obtained from school district. The IAS/OCM confirmed with the school that an existing transportation route has been can accommodate the child."
3. Child Placed in Assessment Center or Group Home
   a) The name of Assessment Center or Group Home is responsible for transporting this child/youth to/from school and any extracurricular activities, per their Contract with DMCPS.
4. Other
   a) Describe how transportation will be arranged for the child to/from school and any other extracurricular activities.

Positive Attributes and interests
   Describe the child's strengths and any interests the child has, both school and non-school related.

Extracurricular activities (school, community, or spiritual based)
   Describe what extracurricular activities the child participates in, outside of school. This can include: sports, art activities, church, etc.

School relevant behavioral triggers (i.e. reacts negatively to sudden noises)
   Describe any and/or all of the following that could contribute to the child struggling in school, and describe

interventions that should be put into place that will allow the child to succeed in school:

1. **Any sensory triggers that the child may have and what has been implemented in the past to help the child cope with those triggers.**
2. **When a change in routine can be detrimental to a child's success throughout the day, and what the school can do to better prepare the child to succeed.**
3. **Any school situations where the student may be lacking skills and strategies or interventions the school can implement.**
4. **Situations where the child would not likely feel safe and hasn't felt safe in the past, and interventions to put into place.**
5. **If the child has experienced basic needs not being met in the past, describe how this impacts their behaviors at school, and what the school could do to ensure the child does not feel this impact.**
6. **Other triggers the child may have.**

Other relevant information (Not mental health related; i.e. education program details like the name of an after school program student is involved in)

Describe any non-mental health information regarding the student.

Exit Information
Enter the following information when the child is exiting from out-of-home care, either through reunification, guardianship, adoption, or some other form of permanency.

Name(s) of person(s) student resides with	Address (Street, City, State, Zip Code)	
Telephone Number	Cell Phone Number	Email Address

Notes about student's living arrangement (i.e. 50 / 50 custody with mother and father)