



Healthy Foster Care America

Health Issues Judges Need to Consider for Children in Foster Care



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American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



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The postcards used on pages 1, 7, 8, 9, and 10 are from the Foster Care Alumni of America's national community art project, Exploring the Culture of Foster Care (www.fostercarealumni.org). The AAP is not responsible for the content of sites that are external to the AAP. Inclusion of a link to an external Web site does not constitute an endorsement by the AAP of the information presented on the site. Web site addresses are as current as possible but may change at any time.

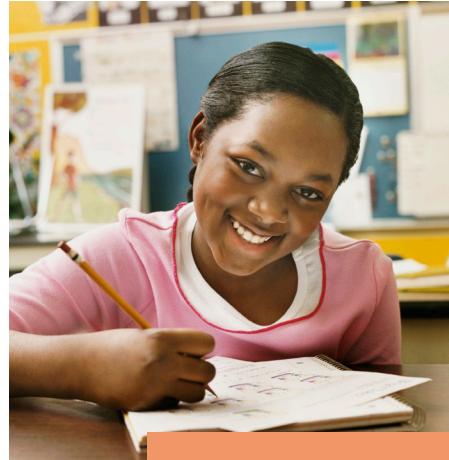
Introduction

Children in foster care have a host of unmet health needs, including not only physical health, but also mental, developmental and behavioral, and dental health needs. Addressing these health needs, as well as educational needs, improves children's overall well-being, increases placement stability, and increases the likelihood of a child achieving permanency in a loving and supportive family situation.

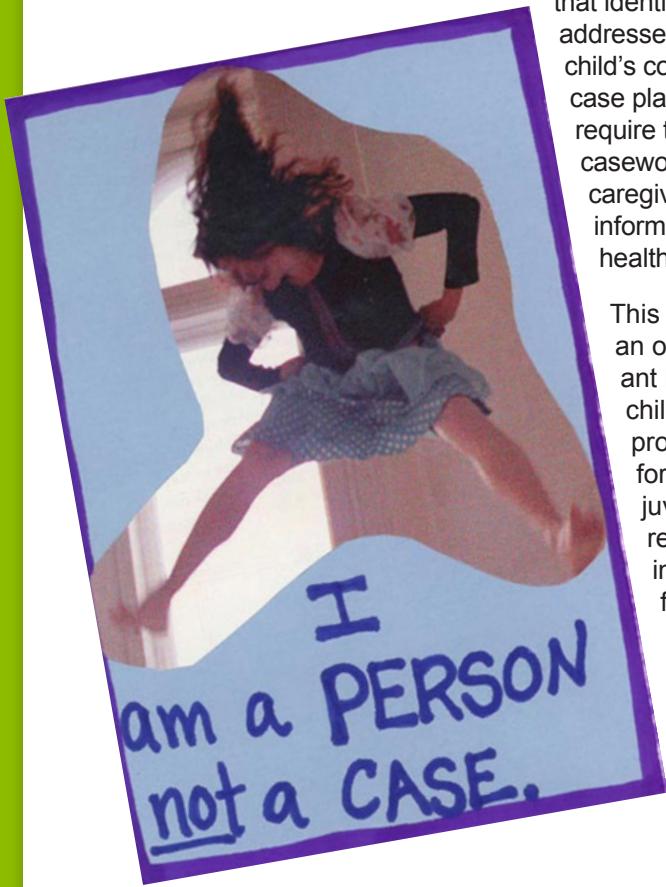
Juvenile court judges are uniquely able to influence the health and well-being of children in foster care by asking about a child's health status and special needs, ordering appropriate assessments and services, and ensuring

that identified needs are addressed through the child's court-ordered case plan. Judges can require that attorneys, caseworkers, and caregivers bring detailed information about a child's health to court.

This booklet provides an overview of important health issues for children and youth in foster care. The appendix provides three downloadable age-appropriate forms that judges and other professionals in the juvenile justice system can complete to obtain, record, and track relevant health information for individual children. These forms can serve to facilitate communication between judges and health care professionals with the common goal of improving outcomes for children and youth in foster care.



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Special Considerations for Children With Medically Complex Conditions

Children with medically complex conditions pose particular issues for caregivers, caseworkers, and others involved in their care. About 10% of children in foster care fit into this category because they have one or more complex medical problems that must be carefully managed to keep the child in optimal health and safe from harm. Examples include (but are certainly not limited to) children with severe asthma, diabetes, complex seizure disorders, organ transplantation, HIV infection, end-stage kidney disease, congenital heart disease, and cystic fibrosis, as well as children who use assistive technology. The judge should make sure that a child with a complex chronic health problem has a medical home where

the child receives regular and comprehensive primary care, appropriate access to subspecialty care, and all necessary medications and assistive technology devices.

Caregivers (eg, foster/birth parents, kin, respite aides, babysitters) must have received all necessary training to care for a child with special health needs, even if they are providing care for only short periods. A child in foster care should not transition to a new foster care placement until the new caregivers have completed all necessary training by health professionals.



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Transitions and Discharges From Care

Children may transition from one foster home placement to another or into or out of residential or group home care. These transitions may cause disruptions in health care, so transitions from one caregiver to another should be accompanied by appropriate health education, transfer of medications and devices, and arrangement of follow-up health appointments.



Discharges from foster care can occur through reunification with birth parents or extended family members, adoption, kinship placement, or emancipation.

At discharge from foster care, a child should receive a discharge health care visit with his or her medical home to ensure that all health information is relayed to the new caregiver or to the emancipating youth, that all medications and devices are available, that appropriate health education is conducted, and that follow-up primary care, mental health care, and subspecialty care are arranged (whether continuing through the same medical home or transitioning to a new one). The caseworker should ensure that health insurance issues have been addressed.



At discharge from foster care, a child should receive a discharge health care visit with his or her medical home to ensure that all health information is relayed to the new caregiver or to the emancipating youth.

Common Health Conditions About Which Judges Should Be Aware

Some common health conditions may have an impact on placement choice and influence placement stability. In addition, a myriad of less common health concerns may also influence a child's placement. Judges, either directly or through the foster care professional, should communicate with the health care provider to ensure that the needs of a child with a complex medical condition are being met. Several common but important health concerns are described below. More information about all of these conditions is available at www.healthychildren.org:



- **Asthma:** A child with asthma usually needs daily preventive treatments and should not be exposed to second-hand tobacco smoke. Other allergic triggers, such as pets, dust, mold, or scented products, may need to be avoided, depending on specific triggers for individual children. Failure to meet these needs may lead to severe respiratory complications, including death or severe long-term disability.
- **Diabetes:** A child with insulin-dependent diabetes must have regular meals, a carefully managed diet, routine insulin injections, and careful monitoring. Failure to meet these needs can result in repeated hospitalizations, long-term disability, or death.
- **Food allergies:** Children with severe food allergies may need careful and sometimes complicated dietary management, both at home and in the community. Caregivers must know how to use an emergency injectable medication. Failure to treat an allergic reaction can result in serious illness or death.
- **Immunosuppression:** Children who have HIV, who have survived cancer or organ transplants, who have autoimmune diseases, or who have congenital immune deficiencies require special care, because even very minor, routine infections can be life threatening. Many children also require ongoing complex medical management to prevent life-threatening relapse or organ rejection.
- **Multiple handicaps:** Children with severe brain injuries, cerebral palsy, or severe seizure disorders and/or who are dependent on medical technology (ventilators, feeding tubes, etc) often require continuous, round-the-clock care. Inadequate care can lead to muscle contractures, infections, and malnutrition, each of which can lead to more severe disability or death.
- **Prematurity:** Infants born prematurely frequently leave the hospital with significant ongoing health needs, including chronic lung disease, severe feeding problems, bowel complications, and easy susceptibility to severe infections. Many require oxygen, feeding tubes, and other complex care. Failure to provide these can result in severe illness or death.

Health Conditions Found Disproportionately Among Children in Foster Care

Many health conditions are seen with disproportionate frequency among children in foster care and must be considered when making foster care placement decisions. Children and youth in the child welfare system have universally experienced traumatic events in their lives, and these have been shown to have lifelong impacts on both physical and mental health. Effective care for both physical and mental health must include addressing trauma. How these conditions are handled frequently influence placement stability and the child's overall well-being. More information about most of the conditions listed below is available at www.healthychildren.org:

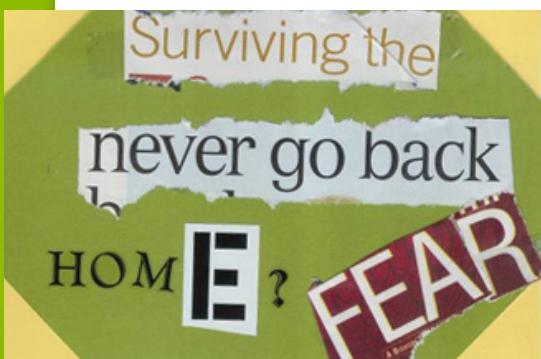
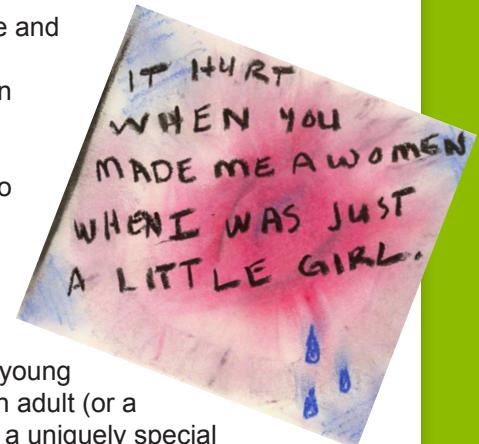


- **Dental problems** are far more common among children in foster care than they are in the general population and can lead to serious, even life-threatening, health problems, as well as significant chronic pain. Many children have not had adequate dental hygiene or care before coming into foster care. Access to dental care may be limited based on dental insurance coverage and the availability of providers who accept medical assistance.
- **Eating disorders** are common among children in foster care. Food hoarding is particularly common among children who have experienced neglect or food insecurity and can be problematic in a family or residential placement setting. Caregivers need to recognize that this was an adaptive strategy for survival in the past and help the child feel confident of always having enough food. More information is available at www.toolboxparent.com/PowerTools/Joyce/Hoarding.aspx.
- **Encopresis** is a problem of stool withholding and overflow incontinence. Children develop chronically impacted stool frequently as a result of stress or anxiety or as part of a control battle over toileting. When a child is unable to pass a large mass of stool, uncontrollable leakage of loose stool develops around the impaction. This situation obviously creates social stigma and isolation and is frequently a factor in placement disruption and physical abuse. Comprehensive medical management of both the impaction and the stress that caused it can significantly improve the child's school and social experiences, as well as improve chances for permanency.
- **Enuresis**, or bedwetting, may be caused by a urinary tract infection or diabetes but is more commonly a normal variation based on genetics and may be a manifestation of stress. Adult caregivers need to be able to recognize enuresis as a manifestation of anxiety and not punish a child for wet nights. When caregivers see bedwetting as a deliberate act of defiance on the child's part, placement stability can be jeopardized.

- **Mental health concerns** are present in as many as 80% of children in foster care, often as a result of the multiple complex traumas that children have experienced. All children in foster care should have a thorough mental health evaluation, appropriate therapy for identified difficulties, and ongoing monitoring for changing needs. Exacerbations of mental health problems frequently occur during stressful unpredictable visitations, legal proceedings, changes in service goals, and anniversaries; children may require additional support at these times. Many different mental health problems can have similar symptoms or behaviors. A qualified pediatric mental health professional must perform a mental health evaluation to make a diagnosis. For example, inattention may be a manifestation of attention deficit/hyperactivity disorder (ADHD), post-traumatic stress disorder (PTSD), anxiety, or depression, or it could be a sign of an underlying medical problem such as a hearing impairment or sleep apnea. A stable and healing placement, combined with appropriate therapy, should lead to improvement in these conditions over time.
- **ADHDs** are present in the general population but are significantly more common among children and youth in foster care as a result of genetic predispositions, prenatal malnutrition and substance exposures, and postnatal exposure to chaotic environments. These conditions are the result of alterations of neurobiological pathways in the brain and may cause academic, behavioral, and social problems for the child at home and school. Problems with attention, focusing, and impulse control may meet criteria for a diagnosis of ADHD, but they can also be the result of many other causes, including anxiety, disordered sleep, learning disabilities, and depression. All possible causes for the symptoms should be evaluated before making an ADHD diagnosis. Proper treatment for a confirmed diagnosis of ADHD includes accommodations at home and school to help the child focus and frequently medication. Medication use should be regularly monitored by a health care professional.
 - **Aggressive or oppositional behavior** is a frequent concern for children in foster care. A child may be diagnosed with oppositional defiant disorder or conduct disorder or may simply be labeled as having “behavior problems.” Such behaviors may have been adaptive or protective in previous circumstances and may represent the child’s desperate attempts to maintain control when much in his or her life has been out of control. These behaviors can, however, be extremely difficult to treat once the child has moved into healthful school or foster home settings. Caregivers need to understand that punishment alone will simply reinforce the child’s need to control the circumstances. Effective treatment includes knowledgeable pediatric mental health care, therapeutic parenting, and sometimes medication. Additional resources are available from Child Trends (www.childtrends.org/wp-content/uploads/2013/01/Externalizing-Behavior.docx).

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- **Anxiety disorders** are common among children for whom life has not been safe and secure. Treatment frequently includes a combination of therapy, medication, and therapeutic parenting.
- **Bipolar disorder** is increasingly being recognized in children and adolescents. There is a strong genetic component to this disorder; children with family histories of bipolar disorder may end up in the child welfare system as a result of the inabilities of affected adults to properly care for their children. Affected children may have symptoms of depression or manic behaviors. Treatment includes ongoing therapy and sometimes medication. The possibility of suicidal ideation needs to be carefully monitored and addressed.
- **Depression and other mood disorders** are common among children and youth in foster care. Appropriate treatment often includes ongoing therapy, medication, and home management strategies. The possibility of suicidal ideation needs to be carefully monitored and addressed.
- **PTSD** is common among children and youth in foster care and should be considered during every child's comprehensive evaluation. PTSD can be particularly difficult to diagnose in infants and young children because these children cannot verbally express their experiences. The manifestations of PTSD significantly overlap with normal toddler behavior, so children who exhibit extremes of these normal behaviors should be evaluated by a licensed pediatric mental health professional.
- **Reactive attachment disorder** occurs when there is disruption in the normal attachment process whereby a young child learns to recognize an adult (or a small number of adults) as a uniquely special provider of safety, security, and nurturing. Children who experience neglect or who have had several different caregivers (including multiple changes in foster care placement) may not develop strong attachments. This lack of early attachment can alter the neurobiology of the developing brain, making it more difficult for the child to develop attachments later, even when provided with nurturing care. Many children in new placements have abnormal attachment behaviors initially but will

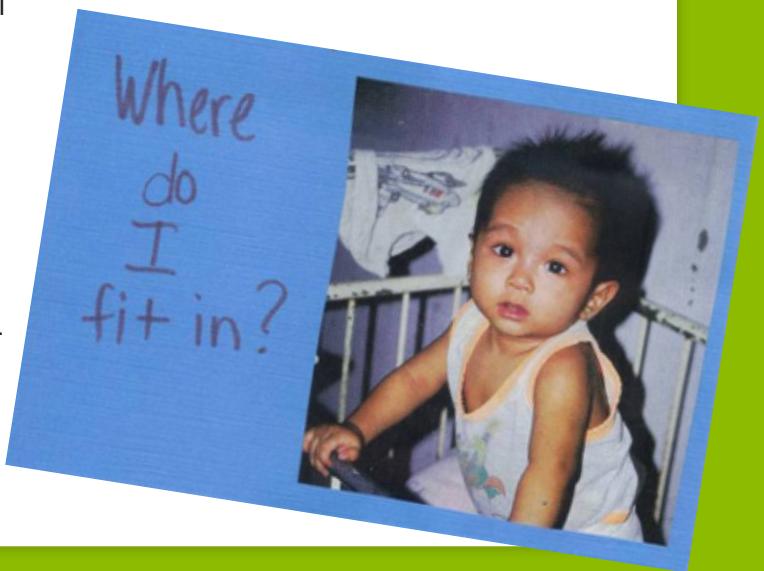


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develop strong attachments over time, as caregivers work to teach that they are trustworthy and can meet the physical and emotional needs of the children. Some children, however, whose neurobiological capacity for relationships has been permanently altered, will steadfastly resist the efforts of caregivers to make these emotional connections. They may appear to be charming when little emotional closeness is required but go to great lengths to sabotage close relationships. Children with this condition should receive in-depth therapy with a pediatric mental health provider who is experienced in working with attachment disorders. Additional resources are available from the American Academy of Child and Adolescent Psychiatry (www.aacap.org/cs/root/facts_for_families/reactive_attachment_disorder).

- **Sleep problems** are common in the general population but are more common among children who have had traumatic life experiences and chronic health problems. Chronic sleep deprivation that is due to sleep disturbances can impair children's growth, school functioning, and behavior. Treating underlying stressors can often significantly improve a child's sleep; occasionally medication may be required.
- **Prenatal drug and alcohol exposure** is common among children in the child welfare system. Infants may be born prematurely or small for gestational age as a result of these exposures and may, therefore, have additional medical complications. Infants withdrawing from drug exposure frequently have difficulties feeding, sleeping, and gaining weight. In addition, they may be extremely fussy, creating stress for caregivers. Over the long term, these children have a high incidence of developing learning disabilities, ADHD, and behavior difficulties, particularly if they have continued to live in chaotic, violent, or non-nurturing environments. Children with fetal alcohol syndrome, the most extreme end of the spectrum of prenatal alcohol exposure, have characteristic facial features, growth impairments, and neurocognitive disabilities, including mild to moderate mental retardation. Additional resources are available from the American Bar Association (www.americanbar.org/groups/child_law/what_we_do/projects/child_and_adolescent_health/fasd.html).



Charting Growth

Standard growth curves developed by the Centers for Disease Control and Prevention (CDC) reflect the normal growth rates over time of children from diverse ethnic backgrounds. When children are healthy, well nourished, and receiving nurturing care, they grow at rates that follow the CDC 2000 curves (www.cdc.gov/growthcharts/clinical_charts.htm).

Over time, the growth rate of children who experience severe acute or chronic medical problems, malnutrition, neglect, or severe stresses often falters. Judges should ask the health care professionals whether there is cause for concern about the child's growth rate.



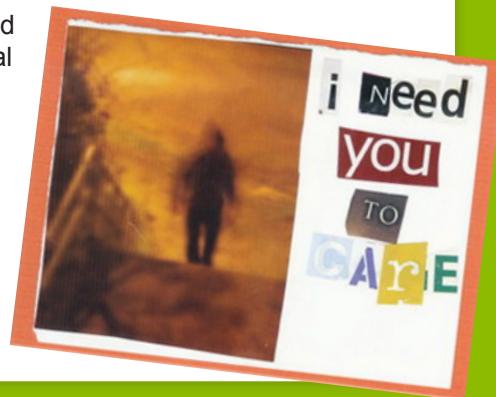
Child Health Organizations and Initiatives

Child Health Organizations

- American Academy of Child and Adolescent Psychiatry (www.aacap.org)
- American Academy of Pediatrics (www.aap.org)
- American Academy of Pediatric Dentistry (www.aapd.org)
- CDC (www.cdc.gov)

Health Initiatives of Other Child Advocacy Organizations

- American Bar Association, Center on Children and the Law (www.americanbar.org/groups/child_law.html)
 - Healthy Beginnings, Healthy Futures: A Judge's Guide (main.zerotothree.org/site/DocServer/Healthy_Beginnings.pdf)
 - Psychotropic Medication and Children in Foster Care: Tips for Advocates and Judges (www.americanbar.org/content/dam/aba/administrative/child_law/PsychMed.authcheckdam.pdf)
 - Visitation with Infants and Toddlers in Foster Care: What Judges and Attorneys Need to Know (www.americanbar.org/content/dam/aba/administrative/child_law/visitation_brief.authcheckdam.pdf)
- Child Welfare League of America (www.cwla.org)
- National Child Traumatic Stress Network (www.nctsn.org)
- National Council of Juvenile and Family Court Judges (www.ncjfcj.org)
 - Judicial Checklist for Children and Youth Exposed to Violence (www.ncjfcj.org/resource-library/publications/judicial-checklist-children-and-youth-exposed-violence)
 - Juvenile and Family Court Journal: Special Issue—Child Trauma ([www.ncjfcj.org/sites/default/files/Winter Journal 2006 Special Issue - Child Trauma.pdf](http://www.ncjfcj.org/sites/default/files/Winter%20Journal%202006%20Special%20Issue%20-%20Child%20Trauma.pdf))
- Zero to Three (www.zerotothree.org)



Appendix

HEALTH QUESTIONS JUDGES SHOULD ASK ON BEHALF OF CHILDREN IN FOSTER CARE

Judges can complete the age-appropriate forms in this appendix to obtain, record, and track relevant health information about children in foster care who are brought before family court. The forms can be downloaded from www.aap.org/fostercare and printed out or completed electronically and saved using Acrobat Reader X or later.



HEALTH QUESTIONS JUDGES SHOULD ASK ON BEHALF OF CHILDREN IN FOSTER CARE AGES 0–5

CHILD'S NAME _____ DOB _____

Caseworker's Name/Phone/E-mail _____

Caregiver's Name/Phone/E-mail _____

Birth Parents' Names/Phone/E-mail _____

Health Care Provider's Name/Phone/E-mail _____

Date of Hearing _____ Case # _____

QUESTIONS TO ASK ON BEHALF OF EVERY CHILD IN FOSTER CARE

1. Does this child have a medical home?* Yes No

A medical home is not a building, house, hospital, or home health care service, but rather an approach to providing comprehensive primary care that facilitates partnership among patients, physicians, and families. The American Academy of Pediatrics (AAP) believes that every child deserves a medical home, where care is accessible, continuous, comprehensive, patient and family centered, coordinated, compassionate, and culturally effective.

2. When was this child's last comprehensive health care visit?* _____

A comprehensive health care visit should include a review of the child's physical, mental, and dental health; growth; and developmental progress. It should also include age-appropriate hearing and vision screening and screening for exposure to lead and infectious diseases. Addressing identified needs in these areas is critical to the child's overall well-being and ability to function at home and in school. Every child should have a comprehensive health care visit within 30 days of placement in foster care. While in foster care, the child should also have well-child care visits that review his or her overall health at intervals defined by the AAP.

3. Does this child have any chronic physical or mental health conditions? Yes No

a. If yes, is the child taking medications or using assistive technology? Yes No

b. If yes, does the child have all of the medications and devices needed in the current placement? Yes No

Understanding chronic physical and mental health conditions is important to the child's well-being and may influence placement decisions. Ten percent of all children in care have multiple handicaps, and a significant percentage has severe behavioral and emotional problems. Caregivers need to understand a child's diagnosis, properly administer medication and therapies, and provide an environment that promotes the child's physical and emotional health as well as safety.

4. Does the child have an infectious disease (tuberculosis, HIV, hepatitis B or C) or lead exposure risks?* Yes No

a. If yes, have screening tests been performed for the risks identified? Yes No

b. If yes, what were the results, and what is being done to address them? _____

Children in the child welfare system may have disproportionately high risks for exposure to infections and lead.

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5. Has the child had hearing and vision screenings within the last year? Yes No

a. If yes, are identified problems being addressed? Yes No

6. Is the child growing appropriately?* Yes No

a. What are his or her current height, weight, body mass index, and head circumference?

H _____ W _____ BMI _____ HC _____

b. What is his or her growth rate over time? _____

Growth is a marker for well-being. When children are healthy and appropriately nurtured, they grow well, with growth rates over time following established growth curves. Children living in extremely adverse circumstances may experience stunting of their growth and will frequently exhibit accelerated growth rates upon moving into nurturing circumstances. Head growth reflects brain growth and should follow standard growth curves in young children. Abnormally slow head growth in combination with slow growth of height and weight generally reflects severe adversity (also known as failure to thrive). Slow head growth in the face of normal height and weight growth likely reflects a significant brain anomaly. The head growth of young children should be plotted on standardized growth curves along with height and weight. Growth irregularities may be a sign that the current placement is not optimal. Conversely, obesity is now the most common form of malnutrition seen among children in foster care, as a result of unhealthy diets and limited physical activity. Appropriate nutritional counseling, diet and exercise, and monitoring of body mass index and for complications of excess weight should occur while children are in foster care.

7. Are the child's immunizations up to date? Yes No

Immunizations are important preventive measures for short- and long-term health. Failure to obtain these can leave children vulnerable to potentially life-threatening infections. Children should have a series of immunizations as infants and toddlers, before starting school, and again in early adolescence, as recommended by the Centers for Disease Control and Prevention (CDC) and the AAP.

8. Has the child had a dental visit within the last 6 months?* Yes No

a. If yes, are identified problems being addressed? Yes No

Children should see a dentist at least twice a year, beginning at age 1. Untreated oral health problems can leave children vulnerable to serious, even life-threatening, short- and long-term health risks.

9. Has the child had a formal developmental screening, using an age-appropriate validated screening instrument?* Yes No

a. If the screening identified concerns, has a more in-depth, formal assessment been completed? Yes No

b. What services is the child receiving and how frequently? _____

c. Have hearing and vision been assessed as potential contributing factors? Yes No

d. Is he or she participating in an early childhood educational program? Yes No

Delays in achieving normal childhood developmental milestones can be the result of medical and/or environmental adversity. Developmental screening has been shown to significantly increase the percentage of children whose delays are recognized. This is important because supporting and optimizing a child's early development can have a profound, long-term positive impact on the child's social, emotional, cognitive, and educational well-being. Attendance at a high-quality preschool program has been shown to improve academic performance at school age. In particular, delays in communication, personal/social (the child's ability to interact with other people), problem-solving, or cognitive skills need to be recognized. Autism spectrum disorders frequently emerge in this age group and are associated with difficulties in cognitive, communication, and interpersonal skills. A school-age child may experience delays that affect school functioning, as well as interpersonal relationships. Delays that persist into adolescence may also impair a youth's ability to plan for and manage his or her life as an adult.



- 10.** Has the child had a formal mental health screening, using an age-appropriate validated screening tool?*
- a. If the screening identified concerns, has a formal full mental health assessment been performed by a pediatric mental health professional? Yes No
- b. How are problems identified by the assessment being addressed? _____

Mental and behavioral health problems are common sequelae of the violence exposure, physical and emotional trauma, and other adversity that have frequently been experienced by a child before placement in foster care. Comprehensive screening and therapeutic services can significantly improve the overall health and well-being of the child and his or her functioning at home and school, placement stability, and chances for permanency.

* For Web sites with additional information, see Web Resources at the end of this form.



WEB RESOURCES: AGES 0–5

Question 1: • National Center for Medical Home Implementation (AAP; www.medicalhomeinfo.org/about/medical_home)

Question 2: • Recommendations for Preventive Pediatric Health Care (Periodicity Schedule) (AAP; www.aap.org/periodicityschedule)

Question 4: (Information on the following topics is available at www.healthychildren.org)

- Tuberculosis
- HIV
- Hepatitis B and C
- Lead

Question 6: • Clinical Growth Charts (CDC; www.cdc.gov/growthcharts/clinical_charts.htm)

Question 7: • Immunization Schedules (AAP; www.aap.org/immunization/IZSchedule.html)

Question 8: • Oral Health Information (AAP; www.healthychildren.org/english/healthy-living/oral-health)
 • Children's Dental Health Project (www.cdhp.org)

Question 9: (Ages 0–5) • Ages and Stages (AAP; www.healthychildren.org/English/ages-stages/toddler)
 • Your Child @ Series of Ages and Stages (Civitas; www.bornlearning.org)
 • Zero to Three (www.zerotothree.org/child-development/early-development/your-babys-development.html)
 • Early Intervention (AAP; www.healthychildren.org/English/health-issues/conditions/developmental-disabilities/Pages/Early-Intervention.aspx)
 • Vision Screenings (AAP; www.healthychildren.org/English/health-issues/conditions/eyes/Pages/Vision-Screenings.aspx)
 • Hearing Screenings (AAP; www.healthychildren.org/English/ages-stages/baby/Pages/Listen-Up-About-Why-Newborn-Hearing-Screening-is-Important.aspx)
 • Is This the Right Place for My Child? 38 Research-based Indicators for High-Quality Care (Child Care Aware; ccapub.childcareaware.org/docs/pubs/121e.pdf)
 • Promoting Child Development (AAP, includes key milestones; brightfutures.aap.org/pdfs/guidelines_pdf/3-promoting_child_development.pdf)

Question 10: (Ages 0–5) • Mental Health Screening and Assessment Tools for Primary Care (AAP; www.aap.org/mentalhealth/screeningchart)
 • Evidence-Based Child and Adolescent Psychosocial Interventions (AAP; www.aap.org/mentalhealth/psychosocialinterventions)
 • Sources of Specialty Services for Children With Mental Health Problems and Their Families (AAP; pediatrics.aappublications.org/content/125/Supplement_3/S126.full.pdf)

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HEALTH QUESTIONS JUDGES SHOULD ASK ON BEHALF OF CHILDREN IN FOSTER CARE AGES 6–12

CHILD'S NAME _____ DOB _____

Caseworker's Name/Phone/E-mail _____

Caregiver's Name/Phone/E-mail _____

Birth Parents' Names/Phone/E-mail _____

Health Care Provider's Name/Phone/E-mail _____

Date of Hearing _____ Case # _____

QUESTIONS TO ASK ON BEHALF OF EVERY CHILD IN FOSTER CARE

1. Does this child have a medical home?* Yes No

A medical home is not a building, house, hospital, or home health care service, but rather an approach to providing comprehensive primary care that facilitates partnership among patients, physicians, and families. The American Academy of Pediatrics (AAP) believes that every child deserves a medical home, where care is accessible, continuous, comprehensive, patient and family centered, coordinated, compassionate, and culturally effective.

2. When was this child's last comprehensive health care visit?* _____

A comprehensive health care visit should include a review of the child's physical, mental, and dental health; growth; and developmental progress. It should also include age-appropriate hearing and vision screening and screening for exposure to lead and infectious diseases. Addressing identified needs in these areas is critical to the child's overall well-being and ability to function at home and in school. Every child should have a comprehensive health care visit within 30 days of placement in foster care. While in foster care, the child should also have well-child care visits that review his or her overall health at intervals defined by the AAP.

3. Does this child have any chronic physical or mental health conditions? Yes No

a. If yes, is the child taking medications or using assistive technology? Yes No

b. If yes, does the child have all of the medications and devices needed in the current placement? Yes No

Understanding chronic physical and mental health conditions is important to the child's well-being and may influence placement decisions. Ten percent of all children in care have multiple handicaps, and a significant percentage has severe behavioral and emotional problems. Caregivers need to understand a child's diagnosis, properly administer medication and therapies, and provide an environment that promotes the child's physical and emotional health as well as safety.

4. Does the child have an infectious disease (tuberculosis, HIV, hepatitis B or C) or lead exposure risks?* Yes No

a. If yes, have screening tests been performed for the risks identified? Yes No

b. If yes, what were the results, and what is being done to address them? _____

Children in the child welfare system may have disproportionately high risks for exposure to infections and lead.

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- 5.** Has the child had hearing and vision screenings within the last year? Yes No
- a. If yes, are identified problems being addressed? Yes No
- 6.** Is the child growing appropriately?* Yes No
- a. What are his or her current height, weight, and body mass index? H _____ W _____ BMI _____
- b. What is his or her growth rate over time? _____
- Growth is a marker for well-being. When children are healthy and appropriately nurtured, they grow well, with growth rates over time following established growth curves. Children living in extremely adverse circumstances may experience stunting of their growth and will frequently exhibit accelerated growth rates upon moving into nurturing circumstances. Growth irregularities may be a sign that the current placement is not optimal. Conversely, obesity is now the most common form of malnutrition seen among children in foster care, as a result of unhealthy diets and limited physical activity. Appropriate nutritional counseling, diet and exercise, and monitoring of body mass index and for complications of excess weight should occur while children are in foster care.*
- 7.** Are the child's immunizations up to date? Yes No
- Immunizations are important preventive measures for short- and long-term health. Failure to obtain these can leave children vulnerable to potentially life-threatening infections. Children should have a series of immunizations as infants and toddlers, before starting school, and again in early adolescence, as recommended by the Centers for Disease Control and Prevention (CDC) and the AAP.*
- 8.** Has the child had a dental visit within the last 6 months?* Yes No
- a. If yes, are identified problems being addressed? Yes No
- Children should see a dentist at least twice a year, beginning at age 1. Untreated oral health problems can leave children vulnerable to serious, even life-threatening, short- and long-term health risks.*
- 9.** Has the child had a formal developmental screening, using an age-appropriate validated screening instrument?* Yes No
- a. If the screening identified concerns, has a more in-depth, formal assessment been completed? Yes No
- b. How are identified problems being addressed? _____
- Delays in achieving normal childhood developmental milestones can be the result of medical and/or environmental adversity. Supporting and optimizing a child's early development can have a profound, long-term positive impact on the child's social, emotional, cognitive, and educational well-being. A school-age child may experience delays that affect school functioning, as well as interpersonal relationships. Delays that persist into adolescence may also impair a youth's ability to plan for and manage his or her life as an adult.*
- 10.** Has the child had a formal mental health screening, using an age-appropriate validated screening tool?* Yes No
- a. If the screening identified concerns, has a formal full mental health assessment been performed by a pediatric mental health professional? Yes No
- b. How are problems identified by the assessment being addressed? _____

Mental and behavioral health problems are common sequelae of the violence exposure, physical and emotional trauma, and other adversity that have frequently been experienced by a child before placement in foster care. Comprehensive screening and therapeutic services can significantly improve the overall health and well-being of the child.



child and his or her functioning at home and school, placement stability, and chances for permanency. In some cases, medication may be appropriate. Psychotropic medications should not be used in isolation from other comprehensive supports; neither should they be eliminated as an option for a child, as part of a comprehensive support package. When the placement and supports for a child are working well, these struggles should ease over time.

QUESTIONS TO ASK ON BEHALF OF A CHILD IN FOSTER CARE BETWEEN AGES 6 AND 12

(Some questions should be asked privately to avoid embarrassing the child.)

11. How is the child doing in school? _____

- a. What are his or her grades? _____
- b. Do teachers and birth/foster parents feel he or she is working up to potential? Yes No
- c. If not, has the child had formal educational testing? Yes No
- d. Are there specialized learning needs? Yes No
- e. Does the child have an individualized education program (IEP)? Yes No
- f. Does the child have behavioral issues that interfere with learning? Yes No

School and social activities are the “work” of preschool and school-age children and are important building blocks for future health and well-being. Children who are safe, healthy, and well nurtured are generally excited to learn and enjoy friendships and activities with peers. Past or ongoing negative experiences, however, can impair cognitive functioning or simply preoccupy a child, causing struggles in school or with peers. School difficulties should be thoroughly evaluated, and an IEP should be developed to meet the child’s needs. Enrichment activities can help reduce the isolation frequently felt by a child in foster care, provide additional nurturing adult relationships for the child, and help “normalize” life. Removing barriers to these activities can positively impact the child’s well-being.

12. How is the child interacting with peers? _____

- a. Does the child have friends? Yes No
 - b. What does the child do for fun? _____
 - c. Does the child participate in enrichment activities (sports, music, dance, clubs, etc)? Yes No
- If not, why not? _____

* For Web sites with additional information, see Web Resources at the end of this form.



WEB RESOURCES: AGES 6–12

- Question 1:** • National Center for Medical Home Implementation (AAP; www.medicalhomeinfo.org/about/medical_home)
- Question 2:** • Recommendations for Preventive Pediatric Health Care (Periodicity Schedule) (AAP; www.aap.org/periodicityschedule)
- Question 4:** (Information on the following topics is available at www.healthychildren.org)

• Tuberculosis • HIV	• Hepatitis B and C • Lead
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- Question 6:** • Clinical Growth Charts (CDC; www.cdc.gov/growthcharts/clinical_charts.htm)
- Question 7:** • Immunization Schedules (AAP; www.aap.org/immunization/IZSchedule.html)
- Question 8:** • Oral Health Information (AAP; www.healthychildren.org/english/healthy-living/oral-health)
 • Children's Dental Health Project (www.cdhp.org)
- Question 9:** • Ages and Stages (AAP; www.healthychildren.org/English/ages-stages/toddler)
(Ages 6–12)
- Question 10:** • Mental Health Screening and Assessment Tools for Primary Care (AAP; www.aap.org/mentalhealth/screeningchart)
(Ages 6–12)
 • Evidence-Based Child and Adolescent Psychosocial Interventions (AAP; www.aap.org/mentalhealth/psychosocialinterventions)
 • Sources of Specialty Services for Children With Mental Health Problems and Their Families (AAP; pediatrics.aappublications.org/content/125/Supplement_3/S126.full.pdf)
 • 12 Core Concepts for Understanding Traumatic Stress Responses in Children and Families (National Child Traumatic Stress Network; nctsn.org/resources/audiences/parents-caregivers/what-is-cts/12-core-concepts)
 • Symptoms and Signs Suggestive of Mental Health and Substance Abuse Concerns (AAP; pediatrics.aappublications.org/content/125/Supplement_3/S193.full.pdf)
 • Parenting After Trauma: Understanding Your Child's Needs (AAP; www.aap.org/traumaguide)
 • The Invisible Suitcase: Behavioral Challenges of Traumatized Children (National Child Traumatic Stress Network; www.nctsn.org/sites/default/files/assets/pdfs/cwt3_sho_suitcase.pdf)
 • Birth Parents with Trauma Histories in the Child Welfare System (National Child Traumatic Stress Network; www.nctsn.org/sites/default/files/assets/pdfs/birth_parents_trauma_history_birth_parents.pdf)
 • Psychotropic Medication Issues (AAP; www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/Mental-and-Behavioral-Health.aspx)
 • Psychotropic Medication and Children in Foster Care: Tips for Advocates and Judges (American Bar Association; www.americanbar.org/content/dam/aba/administrative/child_law/PsychMed.authcheckdam.pdf)
- Question 11:** • Learning Disabilities (AAP; www.healthychildren.org/English/health-issues/conditions/learning-disabilities)
(Ages 6–12)
 • Individualized Education Program (AAP; www.healthychildren.org/English/health-issues/conditions/developmental-disabilities/Pages/Individualized-Education-Program.aspx)

The AAP is not responsible for the content of sites that are external to the AAP. Inclusion of a link to an external Web site does not constitute an endorsement by the AAP of the information presented on the site. Web site addresses are as current as possible but may change at any time.





HEALTH QUESTIONS JUDGES SHOULD ASK ON BEHALF OF CHILDREN IN FOSTER CARE AGES 13–21

CHILD'S NAME _____ DOB _____

Caseworker's Name/Phone/E-mail _____

Caregiver's Name/Phone/E-mail _____

Birth Parents' Names/Phone/E-mail _____

Health Care Provider's Name/Phone/E-mail _____

Date of Hearing _____ Case # _____

QUESTIONS TO ASK ON BEHALF OF EVERY CHILD IN FOSTER CARE

1. Does this child have a medical home?* Yes No

A medical home is not a building, house, hospital, or home health care service, but rather an approach to providing comprehensive primary care that facilitates partnership among patients, physicians, and families. The American Academy of Pediatrics (AAP) believes that every child deserves a medical home, where care is accessible, continuous, comprehensive, patient and family centered, coordinated, compassionate, and culturally effective.

2. When was this child's last comprehensive health care visit?* _____

A comprehensive health care visit should include a review of the child's physical, mental, and dental health; growth; and developmental progress. It should also include age-appropriate hearing and vision screening and screening for exposure to lead and infectious diseases. Addressing identified needs in these areas is critical to the child's overall well-being and ability to function at home and in school. Every child should have a comprehensive health care visit within 30 days of placement in foster care. While in foster care, the child should also have well-child care visits that review his or her overall health at intervals defined by the AAP.

3. Does this child have any chronic physical or mental health conditions? Yes No
a. If yes, is the child taking medications or using assistive technology? Yes No
b. If yes, does the child have all of the medications and devices needed in the current placement? Yes No

Understanding chronic physical and mental health conditions is important to the child's well-being and may influence placement decisions. Ten percent of all children in care have multiple handicaps, and a significant percentage has severe behavioral and emotional problems. Caregivers need to understand a child's diagnosis, properly administer medication and therapies, and provide an environment that promotes the child's physical and emotional health as well as safety.

4. Does the child have an infectious disease (tuberculosis, HIV, hepatitis B or C) or lead exposure risks?* Yes No
a. If yes, have screening tests been performed for the risks identified? Yes No
b. If yes, what were the results, and what is being done to address them? _____

Children in the child welfare system may have disproportionately high risks for exposure to infections and lead.

www.aap.org/fostercare

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™





5. Has the child had hearing and vision screenings within the last year? Yes No

a. If yes, are identified problems being addressed? Yes No

6. Is the child growing appropriately? Yes No

a. What are his or her current height, weight, and body mass index? H _____ W _____ BMI _____

b. What is his or her growth rate over time? _____

Growth is a marker for well-being. When children are healthy and appropriately nurtured, they grow well, with growth rates over time following established growth curves. Children living in extremely adverse circumstances may experience stunting of their growth and will frequently exhibit accelerated growth rates upon moving into nurturing circumstances. Growth irregularities may be a sign that the current placement is not optimal. Conversely, obesity is now the most common form of malnutrition seen among children in foster care, as a result of unhealthy diets and limited physical activity. Appropriate nutritional counseling, diet and exercise, and monitoring of body mass index and for complications of excess weight should occur while children are in foster care.

7. Are the child's immunizations up to date? Yes No

Immunizations are important preventive measures for short- and long-term health. Failure to obtain these can leave children vulnerable to potentially life-threatening infections. Children should have a series of immunizations as infants and toddlers, before starting school, and again in early adolescence, as recommended by the Centers for Disease Control and Prevention (CDC) and the AAP.

8. Has the child had a dental visit within the last 6 months?* Yes No

a. If yes, are identified problems being addressed? Yes No

Children should see a dentist at least twice a year, beginning at age 1. Untreated oral health problems can leave children vulnerable to serious, even life-threatening, short- and long-term health risks.

9. Has the child had a formal mental health screening, using an age-appropriate validated screening tool?* Yes No

a. If the screening identified concerns, has a formal full mental health assessment been performed by a pediatric mental health professional? Yes No

b. How are problems identified by the assessment being addressed? _____

c. What barriers to good care exist? _____

d. Are caregivers receiving the necessary support to manage these problems? Yes No

Mental and behavioral health problems are common sequelae of the violence exposure, physical and emotional trauma, and other adversity that have frequently been experienced by a child before placement in foster care. Comprehensive screening and therapeutic services can significantly improve the overall health and well-being of the child and his or her functioning at home and school, placement stability, and chances for permanency. In some cases, medication may be appropriate. Psychotropic medications should not be used in isolation from other comprehensive supports; neither should they be eliminated as an option for an adolescent, as part of a comprehensive support package. The adolescent should have a voice in his or her mental health care. When the placement and supports for an adolescent are working well, these problems should improve over time.



QUESTIONS TO ASK ON BEHALF OF A CHILD IN FOSTER CARE BETWEEN AGES 13 AND 21

(Special care should be taken with youth to ask questions sensitively and discuss answers discretely.)

10. How is the youth doing in school? _____

- a. What are his or her grades? _____
- b. Do teachers and birth/foster parents feel he or she is working up to potential? Yes No
- c. Are there specialized learning needs? Yes No
 - i. Does the youth have an individualized education program (IEP)? Yes No
 - ii. Does he or she need a tutor? Yes No
- d. Has the youth been skipping school? Yes No
- e. Have there been recent suspensions or expulsions? Yes No

School and social activities are the “work” of adolescents and remain important building blocks for future health and well-being. Adolescents are very influenced by peers and frequently gripe about school but will generally maintain some motivation to succeed in school, when life is going well. Gaps in education and past or ongoing negative experiences, however, can impair cognitive functioning or simply preoccupy an adolescent, causing struggles in school or with peers. School difficulties should be thoroughly evaluated, and an IEP should be developed to meet the adolescent’s needs.

11. How is the youth doing socially? _____

- a. Does he or she have healthy friendships? Yes No
- b. What does he or she do for fun? _____
- c. Is he or she involved in school or community groups? Yes No
- d. Does he or she volunteer or have a job? Yes No

Enrichment activities remain important in helping reduce the isolation frequently felt by youth in foster care, providing additional nurturing adult relationships, and helping “normalize” life. They may also provide important alternatives to risky behavior choices. Removing barriers to these activities can positively affect the youth’s well-being.

12. Has the youth identified himself or herself as gay, lesbian, bisexual, or transgendered?* Yes No

- a. If yes, does he or she feel safe and supported at home and school and in the community? Yes No

Gay, lesbian, bisexual, and transgender youth frequently experience harassment, threats, violence, and social isolation. They have a significantly higher suicide rate than do straight youth. Extra support may be needed for a youth to feel safe in a placement or school setting.

13. Is the youth engaging in high-risk behaviors?* Yes No

- a. Is he or she known or suspected to be using street drugs, alcohol, or someone else’s prescription medication? Yes No
- b. If yes, what is being done to address this? _____
- c. Is the youth sexually active? Yes No
- d. If yes, has he or she seen a health care provider to address safe sex practices and the prevention of sexually transmitted infections and pregnancy? Yes No





- e. Has the youth run away from home or placement? Yes No
- f. Has he or she been involved in the juvenile or criminal justice system? Yes No
- g. What barriers exist to addressing these issues? _____

High-risk behaviors such as drug or alcohol use, unprotected or exploitative sex, or illegal activities can clearly have significant short- and long-term negative consequences for an adolescent. Identifying these when they exist and collaborating with the youth and his or her caregivers to reduce these risks are major goals of adolescent care. Removing barriers to addressing these needs can significantly improve the health and well-being of the youth.

- 14.** Is the youth a parent or, for girls, pregnant?* Yes No
- a. If the youth is pregnant, is she receiving prenatal care and counseling? Yes No
- b. If the youth is a parent, is his or her child receiving appropriate care? Yes No
- i. How is the infant growing? _____
- ii. How is the infant progressing developmentally? _____
- c. Is the parent placed with his or her child? Yes No
- If not, does the parent have frequent visitation rights? Yes No
- d. Is the parent receiving support in raising the child? Yes No
- e. Is the parent continuing his or her education? Yes No

Pregnant or parenting adolescents require additional support. Early in a pregnancy, a young woman needs support in deciding among her options. Prenatal care is important to both the adolescent and the fetus. Both adolescent parents and their children will benefit from the support and mentoring of caregivers and from child care services to enable them to complete educational or job training programs.

- 15.** How does the youth feel about the current foster care home/placement?* _____
- a. Are his or her needs being met? Yes No
- b. Does the youth have an adult with whom he or she feels comfortable talking about feelings, important decisions, etc? Yes No
- c. Does the youth have adults who serve as mentors in his or her life? Yes No

- 16.** What is the permanency plan for the youth?* _____
- Does the plan take his or her health needs into account? Yes No
- a. Has a permanent adult relationship been identified via reunification, guardianship, kinship care, adoption, or other means? Yes No

[†] Growth is a sensitive marker for well-being. Head growth reflects brain growth and should follow standard growth curves in young children. Abnormally slow head growth in combination with slow growth of height and weight generally reflects severe adversity (also known as failure to thrive). Slow head growth in the face of normal height and weight growth likely reflects a significant brain anomaly. The head growth of young children should be plotted on standardized growth curves along with height and weight.

Delays in early childhood development can be the result of medical and/or environmental adversity. Supporting and optimizing a child's early development can have a profound, long-term positive impact on the child's social, emotional, cognitive, and educational well-being. Attendance at a high-quality preschool program has been shown to improve academic performance at school age. In particular, delays in communication, personal/social (the child's ability to interact with other people), problem-solving, and cognitive skills need to be recognized. Autism spectrum disorders frequently emerge in this age group and are associated with difficulties in cognitive, communication, and interpersonal skills.



b. If living independently, has the youth received training in skills necessary for independence? Yes No

Older adolescents must learn to manage their affairs, including health and safety, employment, finances, insurance, housing, transportation, and so forth. Mentoring on these issues by a caring adult is invaluable to the youth, and lack of attention to these details can undo years of important gains that he or she has made while in foster care.

17. How does the youth plan to manage his or her health needs after leaving the foster care system?*

a. What supports will be needed for physical health care? _____

b. What supports will be needed for mental health care? _____

c. Who is helping the youth gather and understand his or her health information and needs? _____

d. Is the youth on target to graduate from high school? Yes No

e. What are the youth's plans after high school? _____

Many youth have never been involved in or understood their own health care. A carefully crafted plan to help a youth learn to manage health needs will be an invaluable resource as he or she ages out of the foster care system. Lack of planning can quickly undo any health gains that a youth has made while in foster care and have significant long-term negative implications.

* For Web sites with additional information, see Web Resources at the end of this form.



WEB RESOURCES: AGES 13–21

- Question 1:** • National Center for Medical Home Implementation (AAP; www.medicalhomeinfo.org/about/medical_home)
- Question 2:** • Recommendations for Preventive Pediatric Health Care (Periodicity Schedule) (AAP; www.aap.org/periodicityschedule)
- Question 4:** (Information on the following topics is available at www.healthychildren.org)
- Tuberculosis
 - Hepatitis B and C
 - HIV
 - Lead
- Question 6:** • Clinical Growth Charts (CDC; www.cdc.gov/growthcharts/clinical_charts.htm)
- Question 7:** • Immunization Schedules (AAP; www.aap.org/immunization/IZSchedule.html)
- Question 8:** • Oral Health Information (AAP; www.healthychildren.org/english/healthy-living/oral-health)
 • Children's Dental Health Project (www.cdhp.org)
- Question 9:** (Ages 13–21)
- Mental Health Screening and Assessment Tools for Primary Care (AAP; www.aap.org/mentalhealth/screeningchart)
 - Evidence-Based Child and Adolescent Psychosocial Interventions (AAP; www.aap.org/mentalhealth/psychosocialinterventions)
 - Sources of Specialty Services for Children With Mental Health Problems and Their Families (AAP; pediatrics.aappublications.org/content/125/Supplement_3/S126.full.pdf)
 - 12 Core Concepts: Concepts for Understanding Traumatic Stress Responses in Children and Families (National Child Traumatic Stress Network; nctsn.org/resources/audiences/parents-caregivers/what-is-cts/12-core-concepts)
 - Symptoms and Signs Suggestive of Mental Health and Substance Abuse Concerns (AAP; pediatrics.aappublications.org/content/125/Supplement_3/S193.full.pdf)
 - Parenting After Trauma: Understanding Your Child's Needs (AAP; www.aap.org/traumaguide)
 - Psychotropic Medication Issues (AAP; www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/Mental-and-Behavioral-Health.aspx)
 - Psychotropic Medication and Children in Foster Care: Tips for Advocates and Judges (American Bar Association; www.americanbar.org/content/dam/aba/administrative/child_law/PsychMed.authcheckdam.pdf)
 - Making Healthy Choices: A Guide on Psychotropic Medications for Youth in Foster Care (Children's Bureau; www.nrcyd.ou.edu/learning-center/med-guide)
- Question 10:** (Ages 13–21)
- Helping Your Teen Succeed in School (AAP; www.healthychildren.org/English/ages-stages/teen-school/pages/Helping-Your-Teen-Succeed-In-School.aspx)
 - Poor School Performance: How Parents Can Help (AAP; www.healthychildren.org/English/ages-stages/teen-school/pages/Poor-School-Performance-How-Parents-Can-Help.aspx)

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- Learning Disabilities (AAP; www.healthychildren.org/English/health-issues/conditions/learning-disabilities)
- IEP (AAP; www.healthychildren.org/English/health-issues/conditions/developmental-disabilities/pages/Individualized-Education-Program.aspx)

Question 11: (Ages 13–21) • What's Going On in the Teenage Brain? (AAP; www.healthychildren.org/English/ages-stages/teen/pages/Whats-Going-On-in-the-Teenage-Brain.aspx)

Question 12: (Ages 13–21) • Opening Doors for LGBTQ Youth in Foster Care (American Bar Association; www.americanbar.org/content/dam/aba/publications/center_on_children_and_the_law/lgbtq_book.authcheckdam.pdf)
 • It's Your Life (American Bar Association; www.americanbar.org/groups/child_law/what_we_do/projects/itsyourlife.html)
 • Lambda Legal (www.lambdalegal.org/issues/youth-in-out-of-home-care)

Question 13: (Ages 13–21) • Dating and Sex (AAP; www.healthychildren.org/English/ages-stages/teen/dating-sex)
 • Substance Use and Abuse (AAP; www.healthychildren.org/English/ages-stages/teen/substance-abuse)
 • It's Your Responsibility to Talk to Youth: Pregnancy Prevention for Youth in Foster Care: A Tool for Caregivers and Providers (National Campaign to Prevent Teen and Unplanned Pregnancy; www.thenationalcampaign.org/resources/pdf/Briefly_ItsYourResponsibility.pdf)

Question 14: (Ages 13–21) • Advocacy for Young or Expectant Parents in Foster Care (American Bar Association; www.americanbar.org/content/dam/aba/publications/center_on_children_and_the_law/parentrepresentation/advocacy_for_young_parents.authcheckdam.pdf)
 • When the Child is a Parent: Effective Advocacy for Teen Parents in the Child Welfare System (American Bar Association; www.americanbar.org/content/dam/aba/publications/center_on_children_and_the_law/parentrepresentation/when_child_is_parent.doc)
 • Services for Pregnant and Parenting Youth In or Exiting Substitute Care: Annotated Bibliography (National Resource Center for In-Home Services; www.nrcinhome.socialwork.uiowa.edu/resources/documents/PregnantandParentingTeenResourceList.pdf)
 • Text4baby (text4baby.org)

Question 15: (Ages 13–21) • With Me, Not Without Me: How to Involve Children in Court (American Bar Association; www.americanbar.org/content/dam/aba/publications/center_on_children_and_the_law/empowerment/withme_notwithoutme.authcheckdam.pdf)
 • The Effect of Youth Presence in Dependency Court Proceedings (National Council of Juvenile and Family Court Judges; www.clcl.org/Images/pdfs/pdfs_whatsnew_columns/Fall_06_feature.pdf)
 • Hearing Your Voice: A Guide to Your Dependency Court Case (American Bar Association; www.americanbar.org/content/dam/aba/publications/center_on_children_and_the_law/empowerment/booklet_v3_2.authcheckdam.pdf)

Question 16: (Ages 13–21) • Never Too Old: Achieving Permanency and Sustaining Connections for Older Youth in Foster Care (Evan B. Donaldson Adoption Institute; adoptioninstitute.org/publications/2011_07_21_NeverTooOld.pdf)

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- Question 17:** • Transition Planning and Discharge Hearings (New Mexico Courts; www.nmcourts.gov/CourtImprovement/best/best_practices_docs/best_practices_transition_planning.pdf)
- Transition to Adulthood: A Guide for Those Who Work With Youth in the Foster Care System (New Mexico Courts; www.nmcourts.gov/CourtImprovement/info_booklets/booklet_docs/transition_to_adulthood.pdf)
- On Your Own, But Not Alone: A Handbook to Empower Florida Youth Leaving Foster Care (American Bar Association; www.americanbar.org/content/dam/aba/publications/center_on_children_and_the_law/empowerment/on_your_own_but_not_alone_final.authcheckdam.pdf)
- Transition Checklist (FosterClub; www.fosterclub.com/files/T-Time_poster.pdf)
- FosterClub's Transition Toolkit: A Free Tool for Developing a Youth-Driven Transition Plan With a Team Approach (FosterClub; www.fosterclub.com/files/transition_toolkit_v3.pdf)
- Health Shack: Personal Health Record and Information System (www.healthshack.info)
- Asking the Right Questions II: Judicial Checklists to Meet the Educational Needs of Children and Youth in Foster Care (National Council of Juvenile and Family Court Judges; www.ncjfcj.org/sites/default/files/education%20checklist%202009.pdf)
- It's My Life: Postsecondary Education and Training: A Guide for Transition Services (Casey Family Programs; www.casey.org/Resources/Publications/pdf/ItsMyLife_PostsecondaryEducation.pdf)
- Scholarships (FosterClub; www.fosterclub.com/_transition/topics/scholarships)
- Independence for Washington State Foster Youth (Washington State; independence.wa.gov)
- Housing Topics and Resources (Foster Care Alumni of America; www.fostercarealumni.org/resources/Housing.htm)

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