

## FOSTERADOPT CONNECT 18600 E. 37™ TERR. INDEPENDENCE, MO 64057 SCHOOL REFERENCE REQUEST

FROM	FAMILY LIAISON WORKER	Telephone N		DATE /			
	AGENCY	(816) 350-02	215 Ext.	1/27/2017.			
	FosterAdopt Connect			1			
	19600 E 27th Tamasa I. J.		STATE	ZIP CODE			
	18600 E. 37 <sup>th</sup> Terrace, Independence		MISSOURI	64057			
	Jennifer Johnson		FICE HOURS MONDAY				
TO ▶	School Official and School	0.0	00 a.m. – 5:00 p.				
	Color Traings Child Dev	· ( Puter	IE VOLLHAVE AND	Y QUESTIONS OR NEED			
	ADDRESS (STREET & NUMBER)	,	ASSISTANCE IN (	COMPLETING THIS FORM, PLEASE			
	CITY STATE AND ZIP COL	)F	CALL THE FAMIL ABOVE.	Y LIAISON WORKER LISTED			
	Lausas City MD. 10 cl.	30	ABOVE.				
RE ▶	Child's Name	Date of Birth		Class			
Parent(s)		Address		Hursery			
I. The ab	ove named family has applied to FosterAdopt Connect to s	Parvo as fostor	deolotico /o do oti	-			
we condu	act an assessment of their family.	erve as roster	relative/adoptive	parents. They have requested that			
II. 1. I	s he/she working up to his/her potential?						
				⊠ Yes □ No			
	2. Is his/her parent(s) responsive to seeking assistance relating to any school identified problems?						
3. How would you describe his/her relationships with the teachers, others in authority and his/her peers?							
She's great							
-	TO CO PINCE	age	- appr	portacien			
	*						
4. Do you foresee any problems in his/her adjustment which could be caused by placement of another child							
in th	e home? If yes, describe:	po oddood by p	blacement of anothe	☐ Yes 🗵 No			
				,			
5. H	las the parent(s) been cooperative in his/her relationship with so	chool personno		_ 0/			
Cabal Official Control of the PANO							
PLEASE ATTACH SHEETS IF NECESSARY							
	L-OME	ryn "	Haster	1/27/17			



## FOSTERADOPT CONNECT 18600 E. 37™ TERR. INDEPENDENCE, MO 64057 SCHOOL REFERENCE REQUEST

FROI	FAMILY LIAISON WORKER Telephone Number: (816) 350-0215 Ext			DATE	12017		
	AGENCY FosterAdopt Connect						
	18600 E. 37 <sup>th</sup> Terrace, Independence	-	STATE MISSOURI	ZIP CO 6405			
	PROGRAM DIRECTOR  Jennifer Johnson	1	FICE HOURS MONDA :00 a.m. – 5:00 p				
TO D	GLADTICINGS Child Dev. Co ADDRESS (STREET & NUMBER) 2630 & 60th KCMD Coff CITY STATE ZIP COE	IF YOU HAVE ANY QUESTIONS OR NEED ASSISTANCE IN COMPLETING THIS FORM, PLEAS CODE CODE ABOVE.			HIS FORM, PLEASE		
RE ▶	Child's Name Jayse, McNeely	Date of Birth		Pre-k	(3		
Paren	t(s)	Address					
I. The above named family has applied to FosterAdopt Connect to serve as foster/relative/adoptive parents. They have requested that we conduct an assessment of their family.							
II.	Is he/she working up to his/her potential?	*******	THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SE	<u></u>	es □ No		
	2. Is his/her parent(s) responsive to seeking assistance relating to any school identified problems?  Yes □ No						
3. How would you describe his/her relationships with the teachers, others in authority and his/her peers?  She's great							
Age appropriate behavior no problems							
_	4. Do you foresee any problems in his/her adjustment which could be caused by placement of another child in the home? If yes, describe:						
_	DK adapting to change.						
_							
	5. Has the parent(s) been cooperative in his/her relationship with s		nel?	D Y	es 🗆 No		
PLEASE ATTACH SHEETS IF NECESSARY  School Official's Signature  Date  1 2 1 2017							



## FOSTERADOPT CONNECT 18600 E. 37<sup>th</sup> TERR. INDEPENDENCE, MO 64057 SCHOOL REFERENCE REQUEST

FROM	FAMILY LIAISON WORKER	Telephone	Number	DATE / /		
		(816) 350-0		1/20/	2010	
	AGENCY	1 1 1 1 1 1 1	1.0 LAN	- 194	2011	
	FosterAdopt Connect			/ /.	3	
			STATE	ZIP COI	DE	
	18600 E. 37 <sup>th</sup> Terrace, Independence		MISSOURI	6405	57	
	PROGRAM DIRECTOR		FFICE HOURS MONDAY			
TO ▶	Jennifer Johnson School Official and School	9	:00 a.m. – 5:00 p	.m.		
10						
	ADDRESS (STREET & NUMBER)	augs	IF YOU HAVE AN	Y QUESTIONS (	OR NEED	
	28308: 100ttcSt		ASSISTANCE IN	COMPLETING T	HIS FORM, PLEASE	
	CITY STATE ZIP COL	<u> </u>	CALL THE FAMIL	Y LIAISON WO	RKER LISTED	
	Man Gillian	2	ABOVE.			
RE ▶	Child's Name	Date of Birth		Class		
	Cameure McNeely	Date of Birth		Class Pre-K.	7	
Parent(s		Address		700 70.	near of the second	
I. The a	have named family has applied to Footon Advit O	<u> </u>				
we cond	bove named family has applied to FosterAdopt Connect to s luct an assessment of their family.	serve as foste	er/relative/adoptive	parents. They h	ave requested that	
					<b>35</b>	
II. 1.	Is he/she working up to his/her potential?		2	- 1		
Yes □ No						
2. Is his/her parent(s) responsive to seeking assistance relating to any school identified problems?						
3. How would you describe his/her relationships with the teachers, others in authority and his/her peers?  She's great						
RIK, a DHD. At loca. And						
I a sulle subport un dollowing						
teacher instructions oftherenico						
Individual interview of unitalise fine.						
4. Do you foresee any problems in his/her adjustment which could be caused by placement of another child						
1111	the home? If yes, describe:			□ Y <sub>€</sub>	es 🖾 No	
-						
5	Has the parent(s) been cooperative in his/harmalative in			A 1		
<u> </u>	Has the parent(s) been cooperative in his/her relationship with s		nel?	Ye.	es 🗆 No	
PLEASE ATTACH SHEETS IF NECESSARY  School Official's Signature  Date						
L LEAS	E ATTACH SHEETS IF NECESSARY	Din S	train.	1	10-11-1	
	L/(l/M	ryn	MALL	/	121/11	



## FOSTERADOPT CONNECT 18600 E. 37™ TERR. INDEPENDENCE, MO 64057 SCHOOL REFERENCE REQUEST

FROM	FAMILY LIAISON WORKER	Telephone N		DATE	. 1			
	AGENCY	(816) 350-02	15 Ext.	1/27/201	17			
	FosterAdopt Connect							
	CITY		STATE	ZIP CODE				
٠.	18600 E. 37th Terrace, Independence		MISSOURI	64057				
	PROGRAM DIRECTOR		ICE HOURS MONDAY					
TO	Jennifer Johnson	9:0	00 a.m. – 5:00 p.	.m.				
TO ▶	School Official and School Chad Tralings (1)	Partor						
	ADDRESS (STREET & NUMBER)	Leuler	IF YOU HAVE AN	Y QUESTIONS OR NI	EED			
	2830 8-60thet. KCMD	to1/121	ASSISTANCE IN (	COMPLETING THIS F	ORM, PLEASE			
	CITY STATE ZIP COD	E	ABOVE.	Y LIAISON WORKER	LISTED			
	,				0			
RE ▶	Child's Name Torryiah Morrow	Date of Birth		Class	Î -			
Parent(s)	101 glock to Corrott	Address		IST. Gra	-ole			
( /		Address						
I. The ab	ove named family has applied to FosterAdopt Connect to s act an assessment of their family.	erve as foster	/relative/adoptive	parents. They have r	equested that			
we condu	tot an assessment of their family.							
II. 1 I	s he/she working up to his/her potential? Yes				-			
	1. Is he/she working up to his/her potential?							
2. 1	2. Is his/her parent(s) responsive to seeking assistance relating to any school identified problems?   ✓ Yes □ No							
3. How would you describe his/her relationships with the teachers, others in authority and his/her peers?								
She's great								
E.								
	Corecot Chinalant language							
_ brederil - no problems with								
	beers or teaching that.							
		)						
4. Do you forces any will be the first the fir								
4. Do you foresee any problems in his/her adjustment which could be caused by placement of another child in the home? If yes, describe:								
	• • • • • • • • • • • • • • • • • • • •			res 9	(140			
			222					
5. H	5. Has the parent(s) been cooperative in his/her relationship with school personnel?							
			1 f	/	□ No			
PLEASE ATTACH SHEETS IF NECESSARY  School Official's Signature  Date								
Enolyn Traser 1/20/2017								
		1	,	100	1/00/			