



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

FROM	FAMILY LIAISON WORKER		Telephone Number: (816) 350-0215 Ext.	DATE 1/27/2017	
	AGENCY FosterAdopt Connect				
	CITY 18600 E. 37 th Terrace, Independence		STATE MISSOURI	ZIP CODE 64057	
	PROGRAM DIRECTOR Jennifer Johnson		OFFICE HOURS MONDAY – FRIDAY 9:00 a.m. – 5:00 p.m.		
	TO ► School Official and School Blood Tiedings Child Dev. Center				
TO ►	ADDRESS (STREET & NUMBER) 2830 E. 80th St		IF YOU HAVE ANY QUESTIONS OR NEED ASSISTANCE IN COMPLETING THIS FORM, PLEASE CALL THE FAMILY LIAISON WORKER LISTED ABOVE.		
	CITY Kansas City, Mo.	STATE Mo.			ZIP CODE 64130
	RE ► Child's Name Nova Lindsey				Date of Birth
Parent(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.					
1. Is he/she working up to his/her potential? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
2. Is his/her parent(s) responsive to seeking assistance relating to any school identified problems? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
3. How would you describe his/her relationships with the teachers, others in authority and his/her peers? She's great Developing age appropriately					
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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
5. Has the parent(s) been cooperative in his/her relationship with school personnel? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
PLEASE ATTACH SHEETS IF NECESSARY		School Official's Signature Emolyn Fraser Date 1/27/17			

S.R.C.



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	AGENCY FosterAdopt Connect			
	CITY 18600 E. 37 th Terrace, Independence		STATE MISSOURI	ZIP CODE 64057
	PROGRAM DIRECTOR Jennifer Johnson		OFFICE HOURS MONDAY - FRIDAY 9:00 a.m. - 5:00 p.m.	
TO ▶	School Official and School Glad Tidings Child Dev. Center		IF YOU HAVE ANY QUESTIONS OR NEED ASSISTANCE IN COMPLETING THIS FORM, PLEASE CALL THE FAMILY LIAISON WORKER LISTED ABOVE.	
	ADDRESS (STREET & NUMBER) 2830 E. 60th KC MO 64130			
	CITY	STATE		
RE ▶	Child's Name Jayse McNeely	Date of Birth	Class Pre-k 3	
Parent(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.				
1. Is he/she working up to his/her potential? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
2. Is his/her parent(s) responsive to seeking assistance relating to any school identified problems? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No OK adapting to change.				
5. Has the parent(s) been cooperative in his/her relationship with school personnel? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
PLEASE ATTACH SHEETS IF NECESSARY		School Official's Signature Emolyn Fraser Date 1/27/2017		

S.R.C.



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			(816) 350-0215 Ext.	1/27/2017
	AGENCY			
	FosterAdopt Connect			
	CITY		STATE	ZIP CODE
	18600 E. 37 th Terrace, Independence		MISSOURI	64057
	PROGRAM DIRECTOR		OFFICE HOURS MONDAY - FRIDAY	
	Jennifer Johnson		9:00 a.m. - 5:00 p.m.	
TO ▶	School Official and School		IF YOU HAVE ANY QUESTIONS OR NEED ASSISTANCE IN COMPLETING THIS FORM, PLEASE CALL THE FAMILY LIAISON WORKER LISTED ABOVE.	
	Administrator Glad Tidings			
	ADDRESS (STREET & NUMBER)			
	2830 E. 60th St			
	CITY	STATE	ZIP CODE	
	KC,	Mo	64130	
RE ▶	Child's Name		Date of Birth	Class
	Cameron McNeely			Pre-K 3
Parent(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.
1. Is 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?
☒ Yes ☐ No
 3. How would you describe his/her relationships with the teachers, others in authority and his/her peers?
She's great
OK - a little stubborn in following teachers instructions, otherwise fine.
 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:
☐ Yes ☒ No
 5. Has the parent(s) been cooperative in his/her relationship with school personnel?
☒ Yes ☐ No

PLEASE ATTACH SHEETS IF NECESSARY

School Official's Signature

Date

Emolyn Fraser

1/27/17

S.R.C.



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	PROGRAM DIRECTOR Jennifer Johnson		OFFICE HOURS MONDAY - FRIDAY 9:00 a.m. - 5:00 p.m.		
TO ►	School Official and School: Glad Tidings Child Dev. Center		IF YOU HAVE ANY QUESTIONS OR NEED ASSISTANCE IN COMPLETING THIS FORM, PLEASE CALL THE FAMILY LIAISON WORKER LISTED ABOVE.		
	ADDRESS (STREET & NUMBER) 2830 E. 60 th St. KC Mo 64130				
	CITY T	STATE MO			ZIP CODE 64130
RE ►	Child's Name Terryiah Morrow	Date of Birth	Class 1st Grade		
	Parent(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.
1. Is he/she working up to his/her potential? yes ☒ Yes ☐ 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

Great Student - no problems with peers or teaching staff.

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: ☐ Yes ☒ No

5. Has the parent(s) been cooperative in his/her relationship with school personnel? ☒ Yes ☐ No

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School Official's Signature

Date

Enolyn Fraser

1/27/2017

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