
Questionnaire for Permanency Plan Review

Name of Child: _____ D.O.B: _____ Court No.: _____ JC _____

Name of person filling out the questionnaire: _____

Relationship to child: _____

Please answer each question that applies to you in your relationship with the above named child.
If you have no personal information about a question, do not answer it.

1. How long has the child been in this placement?

If you are the caretaker, are you a foster parent or relative?

If you are the guardian ad litem, how long have you represented this child?

Describe the efforts of which you are aware to safely reunite this child and the parent(s).

Have they been effective? Why or why not?

2. What therapy or medical treatments have been provided this child in the last 6 months (while he or she has been in this placement)?

Are there other services or therapies that you believe the child needs? What are they?

3. What visitation has occurred between the child and the parents?

Have the visits been consistent?

Have the parents contacted the child through telephone calls, letters, cards, etc.?

Does the child's behavior change before or after the visits?

Has the child had visits with siblings? How many and how often?

How are the visits arranged?

Has there been an effort to maintain telephone contact between the siblings?

Does the child say he/she wants to have contact with either the parent(s) or siblings?

4. From your observations, do you think the child can safely be reunited with either or both parent(s) within 6 months? Twelve months? Which parent?

What would prevent the reunification from occurring or being successful?

What would be necessary to permit reunification in 6 months?

Based upon what you know, with whom will this child spend holidays, etc. after age 18?

Please return this questionnaire at least 10 working days prior to the scheduled permanency plan review date to:

Clerk of Circuit Court
10201 Watertown Plank Road
Wauwatosa, WI 53226