



One Church, One Child
of Florida, Inc.

SCHOOL REFERENCE

REGARDING THE FOLLOWING CHILD

Child's Name	Birthdate (m/d/y)
Child's Address	
Name of Child's Father	
Name of Child's Mother	
Name of School Child Attends	

TO: _____

We would appreciate information on this child as requested below for the purpose of evaluating his parents' ability to act as foster or adoptive parents, as well as the child's ability to adjust and accept the placement of a foster or adopted child in the home.

Thank you for your assistance. Please call me if you have any questions.

Signature of OCOC Counselor

Counselor's Telephone Number

Please provide the following information about the child identified above.	
Grade: _____	ACADEMIC ACHIEVEMENT: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
ATTENDANCE: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular	BEHAVIOR IN CLASS: <input type="checkbox"/> Normal <input type="checkbox"/> Too Quiet <input type="checkbox"/> Too Active <input type="checkbox"/> Disruptive <input type="checkbox"/> Seriously
PROMPTNESS: <input type="checkbox"/> Good <input type="checkbox"/> Poor	RELATIONSHIP WITH TEACHER: <input type="checkbox"/> Responsive <input type="checkbox"/> Withdrawn <input type="checkbox"/> Dependent
HEALTH PROBLEMS NOTED: <input type="checkbox"/> None <input type="checkbox"/> If any, specify: _____	
APPEARANCE: <input type="checkbox"/> Clean <input type="checkbox"/> Dirty <input type="checkbox"/> Insufficient Clothing <input type="checkbox"/> Cared For <input type="checkbox"/> Uncared for, described: _____	
ATTITUDE OF PARENT TOWARD	CHILD: <input type="checkbox"/> Concerned <input type="checkbox"/> Unconcerned <input type="checkbox"/> Demanding <input type="checkbox"/> Hostile <input type="checkbox"/> Unknown
	SCHOOL: <input type="checkbox"/> Cooperative <input type="checkbox"/> Uncooperative <input type="checkbox"/> Hostile <input type="checkbox"/> Unknown

FURTHER COMMENTS (if any):

Signature	Title	Date Signed
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PLEASE RETURN THIS SIGNED AND COMPLETED FORM TO:

_____	_____
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