



School Reference for Resource Families

Parents and Guardians: Please complete the information on page 1 and sign and date the consent to release information. Please complete one form for each child currently enrolled in school. Please return to DSS. DSS will mail/email this form to the school.

School Personnel: The family of the child listed below has applied to the state of Maryland to become a resource (foster) family. The Code of Maryland Regulations (COMAR) requires the local department of social services to obtain information from the school that each child in this family attends. Please don't hesitate to contact me with any questions or concerns using the contact information on the last page.

Student's Name	
Parent's/Guardian's Name	
Grade	
School Name	
School Phone Number	
School Address	
School Contact Person	

Consent to Release Information

I/We hereby authorize _____
(Name of School)
to release to the **(insert name of local department)** the information about
my child and my family requested in this letter.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date



How long has the student attended this school?

Please describe the student's attendance.

Please describe the student's behavior.

Please describe any academic concerns (low grades, chronically missing homework, etc).



Please describe the parent's involvement with the child's education (attendance at meetings, cooperation, communication, etc).

Is the student prepared for school (clothing, school supplies, homework, etc)?

Please share any additional comments that you believe would be helpful for us to know about the student or their family.



Name and position of person completing this form	
Signature	
Date	
Phone number and email address	

Please return by mail or email to:

Caseworker's name	
Phone number and email address	
Local Department of Social Services	
Mailing address	