

 <p style="font-size: small;">New Jersey Courts www.njcourts.gov Independence • Integrity Fairness • Quality Service</p>		<b>New Jersey Judiciary</b> <b>Superior Court - Family Division</b> <b>Initial Review - Child Placement Review</b> <b>(CPR) Board Recommendation to the Judge</b>			County of _____ Review Date: _____ Board Number: _____	
Child		Date of Birth	Age	Division Case Manager / Supervisor		
<b>NJSpirit Participant Number:</b> _____						
<b>Docket Numbers:</b> FN-FC-		FN- Next FN court date	FG- Next FG court date	FJ-FF- Next FJ-FF court date		
Date of Current Placement  Authority for Placement <input type="checkbox"/> Residential <input type="checkbox"/> Independent Living <input type="checkbox"/> Court Order		Repeated Placement <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date of original placement _____		Date of Family Summary / Case Plan / Court Report - Out-of-Home _____		
<b>Division Placement Type (Short Term Plan)</b> <input type="checkbox"/> Resource Home – Relative – Family Friend <input type="checkbox"/> Resource Home – Non-Relative <input type="checkbox"/> Group Home <input type="checkbox"/> Institution (Med / Rehab / Psych) <input type="checkbox"/> Residential Facility (Educ / Treatment) <input type="checkbox"/> Other (explain) _____			<b>Division Long Term Goal</b> <input type="checkbox"/> Reunification w/ Parent / Guardian <input type="checkbox"/> Permanency w/ Relative / Family Friend <input type="checkbox"/> Other alternate permanent living arrangement (explain/attach documentation) _____ <b>If the Long Term Goal is Adoption:</b> <input type="checkbox"/> Relative <input type="checkbox"/> Selected Home <input type="checkbox"/> Resource Parent(s) <input type="checkbox"/> Undetermined			
1. Agency placement plan for this child is consistent with N.J.S.A. 30:4C-55, -58 and – 60 <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>						
2. <b>Current goal is</b> <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable <b>Current plan is</b> <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable						
3. <b>Date the Division proposed goal / plan is to be achieved:</b> _____ Date satisfies <b>Review Board?</b> <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span> <b>If No, Review Board goal date:</b> _____						
4. Is there a <b>current health form?</b> <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>						

5. Is there a **current education form**? ☐ Yes ☐ No

6a. Is there an **independent living assessment**? ☐ Yes ☐ No  
(if child is over 14 yrs., attach documentation)

6b. Is there a **current independent living plan**? ☐ Yes ☐ No  
(if child is over 16 yrs., attach documentation)

**Appearances:**

☐ Parent ☐ Parent ☐ Resource Family(s) ☐ Division Supervisor  
☐ Division Caseworker ☐ Other \_\_\_\_\_

Board members attending review (initials only)

☐ Chairperson \_\_\_\_\_ ☐ Board Member \_\_\_\_\_ ☐ Board Member \_\_\_\_\_  
☐ Board Member \_\_\_\_\_ ☐ Board Member \_\_\_\_\_

**Reasonable Efforts**

Have the Division's **reasonable efforts to prevent** the placement been documented on the Initial Court Order or on the Order to Show Cause? ☐ Yes ☐ No

**If No, what were the reasonable efforts?**

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**Board Recommends & Additional Comments:**

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