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| A picture containing logo  Description automatically generated | New Jersey Judiciary**Benchmark Hearing Checklist** |
|  | [ ]  Ages 11-14 (if in foster care for one or more years) |
|  | [ ]  Age 15 | [ ]  Age 16 | [ ]  Age 17 | [ ]  Ages 18-20 |
| **Name of Youth** |
|  |
| **Related FN/FC/FG docket numbers** |
|  |
| Has a fact-finding hearing occurred in the FN docket? (If no, a benchmark hearing shall not be scheduled until after the court has entered an FN fact-finding order.)  | [ ]  Yes | [ ]  No |
| Was Guardianship awarded? | [ ]  Yes | [ ]  No |
| If yes, indicate date     and docket number:    . |  |  |
|  | **Permanency** |
| 1. What is the permanency goal?
 |  |  |
|  | [ ]  Reunification with parent or relative |  |  |
|  | [ ]  Adoption |  |  |
|  | [ ]  Kinship Legal Guardianship |  |  |
|  | [ ]  APPLA - Other Long Term Specialized Care |  |  |
|  | [ ]  APPLA - Independent Living (under 18) |  |  |
|  | [ ]  APPLA - Individual Stabilization (18+) |  |  |
|  | [ ]  Long-term custody with a relative |  |  |
|  |  |  |
| 1. What needs to be done to achieve this goal?
 |  |  |
|  |     |  |  |
|  |  |  |
| 1. What is the youth's placement history? (Indicate date of each placement)
 |  |  |
|  |     |  |  |
|  |  |  |
| 1. If the youth is in a residential placement:
 |  |  |
|  | Identify the reasons for continuing the residential placement and provide a discharge date (if known): |  |  |
|  |     |  |  |
|  |  |  |
|  | Identify what the residential program is providing to allow this particular youth to move to a less restrictive setting: |  |  |
|  |     |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | What is the time frame for moving the youth to a less restrictive setting? |  |  |
|  |     |  |  |
|  |  |  |
| 1. Are there problems with the placement?
 | [ ]  Yes | [ ]  No |
|  | If yes, describe the problems in detail. |  |  |
|  |     |  |  |
|  |  |  |
| 1. Is the youth receiving life skills training?
 | [ ]  Yes | [ ]  No |
|  |  |  |
| 1. What are the youth’s future goals?
 |  |  |
|  |     |  |  |
|  |  |  |
| 1. If the permanency plan is Independent Living/Individual Stabilization, what does the youth, given the permanency plan and individual needs, require to become an independent, productive adult?
 |  |  |
|  |     |  |  |
|  |  |  |
| 1. Are there barriers to obtaining the youth’s goals?
 | [ ]  Yes | [ ]  No |
|  | If yes, describe. |  |  |
|  |     |  |  |
|  |
| 1. What is the youth’s immigration status?
 |  |  |
|  |     |  |  |
|  |  |  |
| 1. If the youth is not a US citizen, what, if anything, is being done to assist the youth regarding their immigration status?
 |  |  |
|  |     |  |  |
|  |  |  |
| 1. Does DCP&P have the youth’s
 |  |  |
|  | birth certificate? | [ ]  Yes | [ ]  No |
|  | social security card? | [ ]  Yes | [ ]  No |
|  |  |  |
|  | **Education** |
| 1. In what school district is the youth currently registered and what school does the youth attend? (Attach most recent report card.)
 |  |  |
|  |     |  |  |
|  |  |  |
| 1. Who has attended the parent/teacher conferences in this school year, or the last two marking periods, for the youth?
 |  |  |
|  |     |  |  |
|  |  |  |
| 1. Are there problems, other than academic, at school, *e.g*., bullying, extracurricular activities, etc.?
 | [ ]  Yes | [ ]  No |
|  | If yes, describe. |  |  |
|  |     |  |  |
|  |
| 1. Has the youth been suspended or expelled from school?
 | [ ]  Yes | [ ]  No |
|  | If yes, describe. |  |  |
|  |     |  |  |
|  |  |  |
| 1. Is the youth involved in any school-related extracurricular activities?
 | [ ]  Yes | [ ]  No |
|  | If yes, describe. |  |  |
|  |     |  |  |
|  |  |  |
|  | **Transition Planning Issues** |
|  | a. | What is the youth’s expected date of graduation?   |  |  |
|  | b. | Will the youth graduate on time? | [ ]  Yes | [ ]  No |
|  | c. | What are the youth’s realistic options regarding future educational plans? |  |  |
|  |  |     |  |  |
|  |  |  |
| 1. Has the youth taken the PSATs, SATs, ACTs, or other college entrance exam?
 | [ ]  Yes | [ ]  No |
| *If college does not appear to be a realistic option,* ***answer questions 20 through 22****.If college is an option,* ***skip to question 23****.* |
| 1. Is the youth in a vocational program?
 | [ ]  Yes | [ ]  No |
| If not, should they be in one? | [ ]  Yes | [ ]  No |
| List any job history. |  |  |
|  |     |  |  |
|  |  |  |
| 1. Does the youth have any vocational interests?
 | [ ]  Yes | [ ]  No |
|  | If yes, explain what has been done to foster the youth’s interests. |  |  |
|  |     |  |  |
|  |  |  |
| 1. What other opportunities will the youth be pursuing?
 |  |  |
|  |     |  |  |

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| --- | --- | --- | --- | --- |
|  | a. | Does the youth need to take the GED Test? | [ ]  Yes | [ ]  No |
|  | b. | Does the youth understand the process to take the GED Test? | [ ]  Yes | [ ]  No |
|  | c. | Does the youth need GED prep classes? | [ ]  Yes | [ ]  No |
|  | d. | Does the youth need assistance in paying for the GED prep classes or for the GED Test if there is a fee? | [ ]  Yes | [ ]  No |
|  |  |  |
| 1. Where does the youth plan to reside?
 |  |  |
|  |     |  |  |
|  |  |  |  |
|  | **Health** |
| ***Physical Health*** |  |  |
| 1. Does the youth have a Medicaid card?
 | [ ]  Yes | [ ]  No |
|  |  |  |
| 1. Has the youth had a recent physical?
 | [ ]  Yes | [ ]  No |
|  |  |  |
| 1. Does the youth have any ongoing physical health issues?
 | [ ]  Yes | [ ]  No |
|  | If yes, describe. |  |  |
|  |     |  |  |
|  |  |  |
| 1. Does the youth have any special needs?
 | [ ]  Yes | [ ]  No |
|  | If yes, describe how these needs have been addressed. |  |  |
|  |     |  |  |
|  |  |  |
| ***Mental Health*** |  |  |
| 1. Has the youth received a psychological evaluation?
 | [ ]  Yes | [ ]  No |
|  | If yes, when?   |  |  |
|  |  |  |
| 1. Has the youth received a psychiatric evaluation?
 | [ ]  Yes | [ ]  No |
|  | If yes, when?   |  |  |
|  |  |  |
| 1. Has the youth received any therapy/counseling?
 | [ ]  Yes | [ ]  No |
|  | If yes, what type?   |  |  |
|  | How often?   |  |  |
|  | Is therapy still recommended to continue? | [ ]  Yes | [ ]  No |
|  |  |  |
| 1. Are more services needed?
 | [ ]  Yes | [ ]  No |
|  | If yes, explain what services are needed and why. |  |  |
|  |     |  |  |

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| 1. Is the youth prescribed any psychotropic medication?
 | [ ]  Yes | [ ]  No |
|  | If yes, provide names of medications, dosage, and frequency. |  |  |
|  |     |  |  |
|  |  |  |
| 1. Is the youth taking their prescribed medication?
 | [ ]  Yes | [ ]  No |
|  | If no, explain why. |  |  |
|  |     |  |  |
|  |  |  |
|  | **Social Development** |
| 1. What best describes the youth’s social development? (Check one)
 |  |  |
|  |[ ]  On a healthy social development pathway. |  |  |
|  |[ ]  Having some minor problems with their social development. |  |  |
|  |[ ]  Having some moderate problems with their social development. |  |  |
|  |[ ]  Experiencing severe disruptions in their social development. |  |  |
|  |  |  |
| 1. Describe positive indicators:
 |  |  |
|  |     |  |  |
|  |  |  |
| 1. Describe main concerns:
 |  |  |
|  |     |  |  |
|  |  |  |
| 1. Is or has the youth been involved in any juvenile delinquency proceedings?
 | [ ]  Yes | [ ]  No |
|  | If yes, what is the status? |  |  |
|  |     |  |  |
|  |  |  |
| 1. Does the youth have a mentor?
 | [ ]  Yes | [ ]  No |
|  | If yes, describe the relationship. |  |  |
|  |     |  |  |
|  |  |  |
|  | **Recreation** |
| 1. Is the youth involved in any recreational activities?
 | [ ]  Yes | [ ]  No |
|  | If yes, what are they? |  |  |
|  |     |  |  |
|  | If no, are they interested in being involved in any? | [ ]  Yes | [ ]  No |
|  | If yes, describe. |  |  |
|  |     |  |  |

|  |  |
| --- | --- |
|  | **Developmental** |
| 1. Does the youth have any developmental issues?
 | [ ]  Yes | [ ]  No |
|  | If yes, provide details. |  |  |
|  |     |  |  |
|  |  |  |
| 1. Does the youth have any disabilities?
 | [ ]  Yes | [ ]  No |
|  | If yes, has an SSI application been filed? | [ ]  Yes | [ ]  No |
|  |  |  |
| 1. Does the youth have any special needs for which the youth may need or benefit from DDD or DVR services?
 | [ ]  Yes | [ ]  No |
|  |  |  |
|  | **Additional Questions for Youth Ages 18 through 20** |
| 1. Does the youth presently have sufficient housing arrangements?
 | [ ]  Yes | [ ]  No |
|  | Explain. |  |  |
|  |     |  |  |
|  |  |  |
| 1. Does the youth have any immediate post-secondary education or vocational plans?
 | [ ]  Yes | [ ]  No |
|  | Explain. |  |  |
|  |     |  |  |
|  |  |  |
| 1. What is youth’s employment plan/goals?
 |  |  |
|  |     |  |  |
|  |  |  |  |