

# Waterford Country School Foster Care 2 Clinic Drive, Norwich, CT 06360

## Educational Reference for a Child of a Foster Care Applicant

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION	
I hereby authorize _____, to release to the Waterford Country School the information requested below regarding my minor children, as required by the State of Connecticut Department of Children and Families regulations for foster care applicants and their children.	
SIGNATURE OF APPLICANT	DATE
ADDRESS NO. AND STREET	CITY, STATE, ZIP

**CHILD'S NAME:** \_\_\_\_\_

Does the above child have good attendance?

Yes  No If no, please describe:

---

---

---

Is the child involved in regular or special education?

If special education, please describe:

---

---

Does the child present with behavioral issues?

Yes  No If yes, please comment:

---

---

---

---

Can you please describe the child's social interactions?

---

---

---

---

**Waterford Country School Foster Care  
2 Clinic Drive, Norwich, CT 06360**

**Educational Reference for a Child of a Foster Care Applicant**

Does the child's parent participate in their child's education, programs, events etc?

Yes  No If no, please comment:

---

---

---

Do you have any concerns regarding abuse or neglect?  Yes  No

If yes, please explain:

---

---

---

Do you have any concerns with this family being licensed as a foster parent?

Yes  No If yes, please explain:

---

---

---

---

Additional comments:

---

---

---

---

PRINT NAME OF TEACHER/ADMINISTRATOR/SOCIAL WORKER

---

SIGNATURE

---

ADDRESS

---

TELEPHONE NUMBER

**NOTE: This report should be mailed directly by the school to:**

**Waterford Country School Foster Care Program  
Attn: Licensing Team  
2 Clinic Drive, Norwich, CT 06360**