

**GAL CHILD WELL-BEING CHECKLIST:  
QUESTIONS EVERY GAL SHOULD ASK ABOUT EACH CHILD  
IN THE CHILD PROTECTION COURT SYSTEM**

**PHYSICAL HEALTH**

- No  Yes (Date: \_\_\_\_\_) **Has the child received a comprehensive health assessment since entering foster care? Last assessment date? Any follow up necessary?**
- No  Yes (Date: \_\_\_\_\_) **Are the child's immunizations complete and up-to-date for his or her age? Last immunization date? Any follow up necessary?**
- No  Yes (Date: \_\_\_\_\_) **Has the child received a hearing exam? Last exam date? Any follow up necessary?**
- No  Yes (Date: \_\_\_\_\_) **Has the child received a vision exam? Last exam date? Any follow up necessary?**
- No  Yes (Date: \_\_\_\_\_) **Has the child been screened for lead exposure? Last screening date? Any follow up necessary?**
- No  Yes (Date: \_\_\_\_\_) **Has the child received regular dental services? Last check-up date? Any follow up necessary?**
- No  Yes (Date: \_\_\_\_\_) **Has the child been screened for communicable diseases? Last screening date? Any follow up necessary?**
- No  Yes (Where: \_\_\_\_\_) **Does the child have a "medical home" where he or she can receive coordinated, comprehensive, continuous health care?**
- No  Yes (List: \_\_\_\_\_) **Does the child have any conditions or disabilities that require ongoing care? What conditions or disabilities? Any follow up necessary?**

**CHEMICAL HEALTH**

- No  Yes (Date: \_\_\_\_\_) **Has the child received a chemical health assessment, if necessary? Assessment date? Any treatment or other follow up necessary?**
- No  Yes (Date: \_\_\_\_\_) **Has the child been provided with substance abuse prevention information? Any follow up necessary?**

**DEVELOPMENTAL HEALTH**

- No  Yes (Date: \_\_\_\_\_) **Has the child received a developmental evaluation by a provider with experience in child development? Last evaluation date? Any follow up necessary?**
- No  Yes (Date: \_\_\_\_\_) **Is the child receiving early intervention services, such as speech therapy, family support, occupational therapy, education interventions? Any follow up necessary?**
- No  Yes (Date: \_\_\_\_\_) **Is the child receiving comprehensive reproductive and/or sexual health information, if age appropriate? Any follow up necessary?**

**MENTAL HEALTH**

- No  Yes (Date: \_\_\_\_\_) **Has the child received a mental health screening, assessment, or evaluation? Last screening date? Any follow up necessary?**
- No  Yes (Where: \_\_\_\_\_) **Is the child receiving necessary infant, toddler, or youth mental health services? Any follow up necessary?**

### VISITATION NEEDS

No  Yes (Describe: \_\_\_\_\_)

Has visitation with the mother and the father been established that is appropriate as to frequency, duration, location, and type (e.g., supervised or unsupervised)?

No  Yes (Describe: \_\_\_\_\_)

Has visitation with the sibling(s) been established that is appropriate as to frequency, duration, location, and type?

### EDUCATIONAL NEEDS

No  Yes (Where: \_\_\_\_\_)

If the child is pre-school age, is the child enrolled in a high-quality early childhood education program?

No  Yes

Is the early childhood pre-school program knowledgeable about the needs of children in the child welfare system? If not, what information is required?

No  Yes (Date: \_\_\_\_\_)

Have the child's academic records been reviewed?

No  Yes (Describe: \_\_\_\_\_)

Is the child doing well in school, including age appropriate comprehension of educational materials? Does the child need a tutor or other follow up?

No  Yes (Describe: \_\_\_\_\_)

Does the child have any learning disabilities? Has an Individualized Education Plan (IEP) been established for the child, if necessary? Any follow up necessary?

No  Yes (Describe: \_\_\_\_\_)

Are expenses for extracurricular activities, school trips, year book, and other education costs being paid for the child?

No  Yes

Is the child considering dropping out of school? What can be done to avoid that?

No  Yes

Is college preparatory information being provided to the child, if age appropriate? Any college tours, college applications, or other follow up necessary?

### PLACEMENT

No  Yes

If the child has been removed from home, is the child placed in the least restrictive, most family-like setting?

No  Yes

If the child has been removed from home, is the child placed with relatives? If not, has a relative/kin search been completed?

No  Yes

If the child has been removed from home, is the child placed in the most culturally-appropriate setting?

No  Yes

Are all efforts being made to keep the child in one consistent placement? If not, what additional efforts can be made?

No  Yes

Is the child placed with a caregiver who is knowledgeable about the social and emotional needs of infants, toddlers, and youth in out-of-home placements, especially children who have been exposed to abuse, neglect, or domestic violence?

No  Yes

Does the caregiver have access to information and support related to the child's unique needs? If not, what follow up is necessary?

No  Yes

Is the caregiver able to identify problem behaviors in the child and seek appropriate services? If not, what assistance/training is needed?

No  Yes

Does this caregiver face any challenges or barriers that could impact his/her capacity to parent an infant, toddler, or youth? If yes, such challenges being appropriately and timely addressed?