



**West Virginia Department of Health and Human Resources (DHHR)  
PARENT/GUARDIAN PLACEMENT EVALUATION**

Date evaluation conducted: \_\_\_\_\_ Case number(s): \_\_\_\_\_

SECTION I: GENERAL INFORMATION			
Name:		DOB:	
Race:		Relationship:	
Telephone	Home:	Cell:	Work:
Address:			
Mailing Address (if different):			
County:			
Directions to Home:			
Child(ren) for whom the Home Study is being completed:			
Name	Date of Birth	Relationship to Applicant	

**Other Persons in the Home:**

Name:	Date of Birth:	Relationship:

SECTION II: PURPOSE OF EVALUATION

SECTION III: PROFILES
(Copy this section and complete for each parent/guardian or other caretaker in the home)
<b>Name of Parent/Guardian:</b>

<b>Family History:</b>
<b>Mental/Physical Health:</b>
<b>Employment/Income:</b>

<b>Name of Additional Parent/Guardian</b>
<b>Family History:</b>
<b>Mental/Physical Health:</b>
<b>Employment/Income:</b>

<b>SECTION IV: INTERPERSONAL RELATIONSHIPS</b>	
<b>Previous Marriages/Relationships:</b>	
<b>Communication Style/Effectiveness:</b>	
<b>Challenges of Relationship(s)/Overcoming Adversity:</b>	
<b>Domestic Violence History—Past or Present:</b>	
<b>Relationship with Other Biological Parent:</b>	

<b>SECTION V: CHILDREN IN THE HOME</b> (Copy this section and complete for each child in the home)	
<b>Child's Name:</b>	<b>DOB:</b>
<b>Educational Status/Progress:</b>	
<b>Mental/Physical Health:</b>	
<b>Behaviors/Safety Concerns:</b>	
<b>Feelings Toward Child(ren) Entering the Home:</b>	

<b>SECTION VI: PARENTING STYLES AND STRENGTHS</b>	
<b>Experience with Parenting:</b>	
<b>Relationship with the Children:</b>	
<b>Expectations/Rules for the Child(ren):</b>	
<b>Discipline/Punishment Methods:</b>	
<b>Child Specific Issues/How to Address:</b>	
<b>Knowledge of Resources Available:</b>	
<b>Knowledge/Understanding of Alleged Abuse:</b>	
<b>Knowledge of Assisting the Child(ren) During Separation from Other Parent:</b>	
<b>Willingness to Cooperate with Case Plan/Visitation:</b>	
<b>Commitment to Long Term Placement:</b>	
<b>Ability to Keep Child(ren) Safe from Abusing Parent:</b>	

<b>SECTION VII: HOUSING AND COMMUNITY</b>	
<b>Physical Description of the Home:</b>	
<b>Home Safety Concerns (if any):</b>	
<b>Housekeeping Standards:</b>	
<b>Community Safety Concerns (if any):</b>	
<b>School:</b>	

<b>SECTION VIII: CRIMINAL INVESTIGATION BUREAU RECORD CHECKS</b>			
<b>Parent Name:</b>			
<b>CIB:</b>	<b>Date Completed</b>	<b>NCIC:</b>	<b>Date Completed</b>
<b>Results:</b>		<b>Results:</b>	
<b>Parent Name:</b>			

CIB:	Date Completed	NCIC:	Date Completed
Results:		Results:	
<b>Other:</b>			
<b>SECTION IX: CHILD/ADULT PROTECTIVE SERVICES RECORD CHECK</b>			
Parent Name:		Results:	
Parent Name:		Results:	

<b>SECTION X: COLLATERAL CONTACTS</b>

<b>SECTION XI: EVALUATION/RECOMMENDATIONS</b>
Placement Strengths/Concerns:
<b>Recommendation:</b> Based on information contained in this evaluation, this parent/guardian <u>is/is not</u> recommended as a placement option for _____ by the West Virginia Department of Health and Human Resources.

Prepared By:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Approved By:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date