

**South Carolina Department of Social Services**  
**EDUCATION ENCOUNTER FORM**

**NOTE:** Unlike the Medical/Dental Encounter Form, this form is to be filled out by the foster care provider.  
**NOTE:** Caregivers are reminded that they are expected to give the caseworker at least one week notice of upcoming meetings with school personnel. If the caseworker is not able to attend the meeting, then caregiver should inform/update the caseworker concerning the meeting as soon as possible after the event.

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_

Location of Meeting: \_\_\_\_\_

Persons present at the meeting + role/position:

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Person(s) responsible for initiating the meeting: \_\_\_\_\_

Immediate reason for the meeting (e.g. routine parent-teacher conference, scheduled IEP review, academic performance review; particular behavioral event at school + details):

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Purposes or Goals of the meeting:

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Agreements or Decisions made at the meeting:

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Response or attitude of Child to the meeting:

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Further thoughts, reactions, or notes:

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