Intervention Best Interest Checklist

Instructions: This form is to be completed to determine if it is the child's best interest for an intervention to occur. Any documentation and decision made regarding the intervention must be documented on this form with attachments, uploaded into FSFN and shared with the court.

Date of Staffing:	Dependency Case Manager:	Adoption Case Manager:
Case Name:	FSFN Case ID Number:	Child(ren):

	Best Interest Factor:	Best Interest: Y/N	Comments: (results)
1.	Has a petition for termination of parent rights been filed pursuant to s. 39.806 (1)(f), (g), or (h), F.S.?		
2	Are the rights of the parents based on the well-being of the child?		
3	Are there any reservations about the mental capacity of the parent who executed the consent?		
4.	Was there notification to relatives that adoption was the new permanency goal?		
5.	Was there notification to the adoptive parents of siblings to the child that adoption is the new permanency goal?		
6.	Is there importance in maintaining sibling relationships?		
7.	Is there an established attachment and quality between the child and the current caregiver?		
8.	Is there an established attachment and quality between the child and any potential adoptive parent?		
9.	Are the child's physical health, mental health, educational, and attachment concerns being met in their current placement?		
10.	Is there stability in the potential adoptive home in which the child has been residing as well as the desirability of maintaining continuity or placement?		

11.	Are the reasonable preferences and wishes of the child being honored? (if the court deems the child able to express and preference)		
12.	Is there permanency being offered?		

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Based on a review of the preliminary home study of the adoption entity's prospective adoptive parent and other relevant information, would the intervention be in the best interest of the child(ren)?

Signatures:

_____   _____   _____
       Name   **Job Title/Agency**   **Date**

_____   _____   _____
       Name   **Job Title/Agency**   **Date**

_____   _____   _____
       Name   **Job Title/Agency**   **Date**

_____   _____   _____
       Name   **Job Title/Agency**   **Date**

_____   _____   _____
       Name   **Job Title/Agency**   **Date**

_____   _____   _____
       Name   **Job Title/Agency**   **Date**