Department of Children and Families PERMANENCY PLANNING TEAM RATING SHEET

DCF-2048 5/16 (Rev.)



Child's Last Name:	Child's First Name:	LINK #:	Person ID #:
Child's DOB:	Child's Race (as noted in LINK):	Child's Ethnicity (as noted in LINK):
Ciliu 3 DOB.	Clinu's Nace (as noted in Link).	Clind's Ethnicity (as noted in Linky.
DCF Social Worker:	DCF Office:		
PPT Member Last Name:	PPT Member First Name:	PPT Member Sign	nature:
	Name of Families Presented for T	eaming	
1.			
2.			
3.			
4.			
5.			
0.	Dlagea Salact Vau Tan Twa Chaicas fr	or This Child	
Please Select You Top Two Choices for This Child FIRST CHOICE: Name of Family and Reasons for your selection:			
CECOND CHOICE Name of Family and E			
SECOND CHOICE: Name of Family and F	Reasons for your selection:		
	Other Families that were considered, bu	it not selected	
Family Name:			
Provide a brief explanation why this family	was not selected:		
Family Name:			
Provide a brief explanation why this family	was not selected:		
Family Name:			
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Family Name:			
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