



**OKLAHOMA DEPARTMENT OF HUMAN SERVICES**



**Resource Family Reference Letter  
for Home Schooling**

Date: \_\_\_\_\_

Dear \_\_\_\_\_:

As part of the resource family approval process, a reference from a person who is familiar with the applicant(s) home schooling experience is required. Your name has been given by \_\_\_\_\_ who is interested in the (Check all that apply):

- adoption program;
- foster care program; or
- kinship program.

After the information you provide is received, some of the information may be addressed with the applicant to clarify anything that is unclear. **Your identity is kept confidential.**

Child's name	Age	Grade

1. What curriculum(s) does the applicant utilize?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Does the applicant have scheduled school hours? Yes  No

\_\_\_\_\_

\_\_\_\_\_

3. Is the applicant attentive to all the child's educational needs? Yes  No

\_\_\_\_\_

\_\_\_\_\_

4. Does applicant utilize any of public school services, such as testing? Yes  No

\_\_\_\_\_

\_\_\_\_\_

5. Does the child participate in extracurricular activities? Yes  No

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6. Does child and/or applicant participate in a home school association or group? Yes  No

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7. Do you have concerns about the applicant home schooling other children? Yes  No

If yes, explain.

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8. Do you have concerns about the applicant home schooling a child who needs special education services? Yes  No

9. Why do you think the applicant home schools?

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Signature

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Date

Thank you for taking the time to provide this information. Please complete and return this letter within two weeks after receipt. If you wish to speak to the worker regarding this family please contact:

OKDHS or contract representative	Area code	Phone
County or agency represented	Completed by: Phone <input type="checkbox"/> Face-to-face <input type="checkbox"/> Mailed <input type="checkbox"/>	

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OKDHS or contract representative signature

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Date