

Foster Parent Monthly Progress Report

****NOTE**** All information pertaining to the child must be completed on the child's first/initial monthly reporting form. "No Changes This Month" should only be checked on monthly reports for subsequent months if there are absolutely no changes during the reporting period.

MONTH: _____ **CHILD'S CASEWORKER:** _____ **FOSTER PARENT NAME:** _____

CHILD: _____ **BIRTHDATE:** _____ **AGE:** _____

PHYSICAL HEALTH-MEDICAL/DENTAL/VISION _____ ***NO CHANGES THIS MONTH**

Child's general health this month: Excellent Good Fair Poor

Medical appointment dates: _____ None Reason for appointment: _____

Approximate date of next medical/physical exam: _____ None

Dental appointment dates: _____ None Approximate date of next semi annual cleaning/exam: _____ None

(DENTAL NEEDS TO BE COMPLETED YEARLY or as needed)

Vision appointment dates: _____ None Reason for appointment: _____

Comments: _____

EMOTIONAL HEALTH _____ ***NO CHANGES THIS MONTH:**

Self Esteem: Excellent Good Fair Poor

Attitude/behavior: Excellent Good Fair Poor

Mood swings: Yes No Withdraws-keeps to self: Yes No Birth family issues: Yes No

Child attends counseling: Yes No NA Number of sessions attended this month: _____ Is the counseling meeting the needs of the child? Yes No **Comments:** _____

MEDICATIONS _____ ***NO CHANGES THIS MONTH: OR N/A**

List on-going medication (s) prescribed: _____

List dosage change(s): _____ List new medication (s) prescribed: _____

Comments: _____

SELF SUFFICIENCY

Completes chores without reminders or coaxing: Yes No Sometimes NA
 Does a chore only with reminders and/or directions: Yes No Sometimes NA

Comments: _____

INDEPENDENT LIVING SKILL (ILS) TRAINING FOR ADOLESCENTS (Complete this section only if you have a teen 16 or older in your home)

____ N/A

Did your foster youth attend any ILS training this month: Yes No NA Has Independent Living Assessment been completed: Yes No
 Have you received a copy?: Yes No Youth 16 and above had contact with Independent Living Worker: Yes No NA

I/we worked on the following ILS activities with the youth (i.e. budgeting, meal preparation, daily living tasks, career planning, etc.): _____

Comments: _____

FAMILY CONNECTIONS AND RELATIONSHIPS This section focuses on the preservation of the child's primary connections, including their relationship with birth family, previous foster families, schools, friends, and communities.

BIRTH FAMILY CONNECTIONS:

____ *NO CHANGES THIS MONTH

With mother: Yes No NA **Visits:** Yes No NA **With father:** Yes No NA
Visits: Yes No NA
With sibling (s): Yes No NA **Visits:** Yes No NA **With extended family/kin:** Yes
 No NA **Visits:** Yes No NA

Comments of Birth Family Connections: _____

RELATIONSHIPS

____ * NO CHANGES THIS MONTH

Relationship with your family/staff: Excellent Good Fair Needs work NA

Relationship with birth family: Excellent Good Fair Needs work NA

Relationship with peers: Excellent Good Fair Needs work NA

Relationship with social worker: Excellent Good Fair Needs work NA

Relationship with authority figures: Excellent Good Fair Needs work NA

Able to express feelings and thoughts: Excellent Good Fair Needs work NA

Comments: _____

RELIGION/SPIRITUAL DEVELOPMENT

____ * NO CHANGES THIS MONTH

Does the child have the opportunity to practice a faith of their choice? Yes No Conflicts or issues about religion: Yes No

Comments: _____

LIFE BOOK *This should begin shortly after placement; for the foster parent to add items as events happen in the child's life.*

Has the book been started: Yes No N/A If no or N/A, why: _____

_____ Has been started but DID NOT WORK ON THIS MONTH

Progress on life book this month: Worked on by: foster parent: Yes No NA Child involved: Yes No NA

Comments: _____

EDUCATIONAL DEVELOPMENT

_____ ***NO CHANGES THIS MONTH**

Child in school: Yes No

Help Me Grow Program: Yes No

Attitude/behavior with teachers and staff: Excellent Good Fair Needs work No effort given

Attitude/behavior with peers: Excellent Good Fair Needs work No effort given

Attitude/behavior toward homework: Excellent Good Fair Needs work No effort given

Overall effort toward schoolwork: Minimum effort Average effort Maximum effort

Attended School Parent /Teacher conference: Yes No **Copy of report card to social worker:** Yes No NA

Child on Individual Educational Plan (IEP): Yes No NA **Attended IEP meeting:** Yes No

Comments on Educational Development: _____

COMPETENCE AND ACHIEVEMENTS

_____ ***NO CHANGES THIS MONTH**

Participation in extra curricular activities: Yes No Sometimes NA **Maintains hobbies:** Yes No Sometimes NA

Develops/works on talents or achievements: Yes No Sometimes NA

Started new sport, hobby, or talent: Yes No Sometimes NA

Stopped participating in sport, hobby, and talent: Yes No Sometimes NA **If yes, why:** _____

DISCIPLINE

Are there any behavior concerns?: Yes No If yes, please explain: _____

RESPITE Have you used respite this month: Yes No If yes, who provided respite?: _____

Was respite pre-arranged?: Yes No Do you have a need for respite?: Yes No

Comments: _____

LEGAL INVOLVEMENT

_____ ***NO CHANGES THIS MONTH**

Attended court hearing: Yes No Date: _____ Hearing type: _____

Were you given written notification of court hearing: Yes No NA

Comments: _____

PERMANANCY PLAN _____ ***NO CHANGES THIS MONTH**

Do you see movement toward achieving the case plan goals: Yes No

Did you actively contribute and participate in development of the case plan: Yes No

Did the child actively contribute and participate in development of the case plan: Yes No NA

Is the case plan current: Yes No Did you receive a copy?: Yes No

Was there contact with the CASA (GAL) worker this review period: Yes No NA Type of Contact: _____

Did the child's attorney have contact with the child this review period: Yes No NA Type of Contact: _____

Comments: _____

MONTHLY ASSESSMENT OF ACCS CASEWORKER CONTACT

Has the Child's Caseworker had contact with you and the child this month? Yes No If yes, what type : home visit phone call office visit

Quality of home visit: Excellent Good Fair Needs work NA

Communication with social worker: Excellent Good Fair Needs work NA

Comments: _____

Do you need any additional support or services to maintain this child in your home? _____

Any other concerns, issues or other topics that need discussed?: _____

FOSTER PARENT SIGNATURE

DATE

CASEWORKER SIGNATURE

DATE