



Foster Care Select Monthly Progress Report

Foster Parents are to complete one progress report per child in their care during the month. Please be specific and give some detail. This report is to be turned into to Foster Care Select staff at the end of the month.

Child's Name _____

Month Reviewed _____

Please address the following areas and list client's progress and their needs for each area.

A. Basic Needs and Medical Needs (Medical complaints, concerns, and appointments. Clothing or basic need concerns).

- No medical concerns this month, child remains healthy.
- No medical appointments this month.

B. Educational (How is child doing academically and behaviorally)

- Child is doing well academically
- Child is doing well behaviorally
- No concerns or calls from school personnel

C. Developmental / Life / Emotional Skills (How does child do on a day to day basis with responsibilities, assigned chores, and emotional stability)

- Child is developmentally on target
- Child is compliant with chores
- Child manages personal hygiene in an age appropriate manner.
- Child remains emotionally stable

D. Recreational / Social (What types of activities did the child participate in with family or in free time, such as sports, clubs, church, etc. How is their behavior during community outings?)

E. Behaviors Seen this Month

- | | |
|---|---|
| <input type="checkbox"/> Physically Aggressive toward peers | <input type="checkbox"/> Stares blankly |
| <input type="checkbox"/> Physically Aggressive toward adults | <input type="checkbox"/> Sulks, pouts, whines |
| <input type="checkbox"/> Oppositional/ Breaks Rules | <input type="checkbox"/> Acts fearful |
| <input type="checkbox"/> Threatens others | <input type="checkbox"/> Sleep problems |
| <input type="checkbox"/> Is cruel or bullies others | <input type="checkbox"/> Lacks energy |
| <input type="checkbox"/> Talks about killing self | <input type="checkbox"/> Lies or cheats |
| <input type="checkbox"/> Talks about killing others | <input type="checkbox"/> Screams |
| <input type="checkbox"/> Does not feel guilty for misbehavior | <input type="checkbox"/> Cries more than usual for their age. |
| <input type="checkbox"/> Sexually acts out | <input type="checkbox"/> Demands attention |
| <input type="checkbox"/> Steals | <input type="checkbox"/> Can't sit still, hyperactive |
| <input type="checkbox"/> Exhibits strange behavior | <input type="checkbox"/> Difficulty concentrating |
| Explain: _____ | <input type="checkbox"/> Worries excessively |
| <input type="checkbox"/> Eating problems | <input type="checkbox"/> Swears, Uses profanity |
| <input type="checkbox"/> Is sad or unhappy after communication with biological family | <input type="checkbox"/> Temper tantrums |
| <input type="checkbox"/> Hallucinations, Type _____ | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Wets self during day | <input type="checkbox"/> Has sudden mood swings |
| <input type="checkbox"/> Has bowel movements outside the toilet | <input type="checkbox"/> Refuses medication |
| <input type="checkbox"/> Withdraws or isolates self | <input type="checkbox"/> Expresses feelings of worthlessness |
| <input type="checkbox"/> Does not get along with other children | |

Please list any other behavioral concerns:

F. Visitation / Involvement with Biological Family (List dates of visits and child's response after visit, list phone calls and frequency)

- Child had no visits this month
- Parental rights have been terminated.

G. Monthly Fire and Emergency Procedures Reviewed with Children (Fire, tornado, and other emergency procedures are posted in each room of the house and are reviewed and/or practiced monthly.

Date procedures reviewed/practiced _____

Procedures and exit routes are posted in home.

H. Special Concerns or Issues

No special concerns at this time.

Reviewed by: _____
Foster Care Select Staff