

Monthly Foster Care Progress Report

(Fill out areas that are relevant)

Month/Year: _____

Child(ren)'s Name(s): _____ Social Worker: _____

Did you have contact with the social worker this past month? ☐ Yes ☐ No

Family/Visitation:

Document contacts (dates, in person/location of visit, telephone, letter between child and family members). Note the child's reaction, both verbal and behavioral.

Education:

IEP updates, behavioral issues, extracurricular activities, grades, conferences.

Behavior in Foster Home/Positive Actions/Decision-Making:

Relationship with foster parents/foster siblings. What's going well? What needs improvement?

Appointments This Past Month for Physical or Mental Health:

Appointment dates, therapist or doctor, issues being addressed.

Independent Living Skills:

Household skills, chores, allowance/money management, employment.

Is there something we need to attend to immediately? ☐ Yes

☐ No