

CHILD'S MONTHLY PROGRESS REPORT

Child's Name: _____ Date of Birth: _____ Case No. _____
 Foster Home: _____ For the Month of _____ Today's Date: _____

1. In the last month how did the child do in your home?
- Doing Well -- no issues:
 Doing Okay -- issues with: _____
 Not Doing Okay -- because: _____
 Were there any changes in the child's behavior? _____

2. Appraisal and Needs Service Plan DURING THE PAST MONTH
 Current: _____ Next Update: _____

3. Did any accident or injury occur? Yes No (*Copy of LIC. 624 if yes*)
4. FOR CHILDREN ATTENDING KINDERGARTEN -12 GRADE
 Did the child miss any school days in the past month? **If yes, enter the *number of missed school days* for each reason listed below:**
- Yes No
- What school does child attend? _____ Refused to go _____ Sick _____
 What grade is child in? _____ Suspended _____ Expelled _____
 IEP Yes No N/A Other (*specify*) _____

5. In the past month did this child (*check all that apply*) Obey all laws Receive a ticket Run away
 Receive a citation Get arrested Police Report No. _____

PHYSICIAN, DENTAL, COUNSELING APPOINTMENTS		
Date	MD, DDS, Counselor's Name	Nature of Appointment

Over the counter (OTC) or prescription medication given this month:

Yes
 No
(Complete LIC622 if yes)

CLIENT WEIGHT/HEIGHT RECORD		
Date	Height	Weight

VISITATION LOG			
Date	Visited With	Location	Supervised by

CLOTHING AND ITEMS PURCHASED DURING MONTH FOR CHILD	
Item Description	Amount
	\$

 Foster Parent Date Social Worker Date