



FOSTER FAMILY AGENCY

CHILD'S MONTHLY PROGRESS REPORT

Child's Name: _____ Date of Birth: _____ Month: _____

Foster Home: _____ FFA SW _____ County SW: _____

- 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:
- Any changes in the child's behavior?

2. Did any incidents or injury occur? Yes No (Copy of LIC. 624 if yes)

3. 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:

Refused to go Sick Suspended Expelled Other (specify)

What school does child attend? What grade is child in? IEP Yes No N/A

- 4. 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.

Table with 3 columns: Date, MD, DDS, Counselor's Name, Nature of Appointment. Title: PHYSICIAN, DENTAL, COUNSELING APPOINTMENTS

Over the counter (OTC) or prescription medication given this month: Yes No (Complete LIC622 if yes)

Table with 3 columns: Date, Height, Weight. Title: CLIENT WEIGHT/HEIGHT RECORD

Table with 4 columns: Date, Visited With, Location, Supervised by. Title: VISITATION LOG

Table with 3 columns: Date & Time, Incident, Treatment. Title: BUMPS AND BRUISES LOG



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CLOTHING AND ITEMS PURCHASED DURING MONTH FOR CHILD	Total spent \$:	Balance 0.00	Child Signature
Item Description			

Please tape clothing receipt here

Foster Parent

Date

Social Worker

Date