

- 30 Day
- Regular Six Month
- Termination

Today's Date: _____

PROGRESS REPORT ON CHILD

(Completed by foster parent at 30 days, every six months, and at removal)

Child		Foster Parents		
Age	Date Placed	From	To	Reporting Period

I. HEALTH

A. CHILD

1. Physician (Name & City):
2. Dentist (Name & City):
3. Ophthalmologist or Optometrist (Name & City):
<p>4. Medical Record</p> <p>a. When was child last examined by:</p> <p style="margin-left: 20px;">1. Physician:</p> <p style="margin-left: 20px;">2. Dentist:</p> <p style="margin-left: 20px;">3. Optometrist:</p> <p>Were there any problems at the time of examination? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, explain the problems and treatment.</p> <p>b. List the immunizations, and any reactions, if applicable, given during this reporting period:</p> <p>c. List childhood diseases during this reporting period:</p> <p>d. Have there been any serious re-occurring illnesses, or accidents during this reporting period? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:</p> <p>e. List allergies:</p> <p>f. Name physical disabilities:</p>

B. FOSTER FAMILY

1. Have there been any serious accidents or medical problems with the household members?
If so, explain:

2. What was the effect on this child?

II. BEHAVIOR PROBLEMS

Please check all problems shown by the foster child while in your home.

- | | |
|--|--|
| <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Daytime wetting |
| <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Hyperactivity |
| <input type="checkbox"/> Destructiveness | <input type="checkbox"/> Unruliness |
| <input type="checkbox"/> Lying | <input type="checkbox"/> Stealing |
| <input type="checkbox"/> Truancy | <input type="checkbox"/> Drug Use |
| <input type="checkbox"/> Runaway | <input type="checkbox"/> Sexual acting out |
| <input type="checkbox"/> Inability to relate to peers | <input type="checkbox"/> Inability to relate to adults |
| <input type="checkbox"/> Learning problems in school | <input type="checkbox"/> Slow language development for age |
| <input type="checkbox"/> Excessively aggressive to self or other | |

Other problems: _____

Which behaviors have not been corrected?

Which behaviors are being worked on in the foster home?

How is this being done?

Is the plan successful?

Does/Did the child see a professional (psychiatrist, psychologist, or counselor) for one or more of the above mentioned behaviors? If so, whom?

Could you see an improvement?

Did you participate?

III. CHILD & FOSTER FAMILY

1. Were there any serious conflicts between child and:

a. Foster parents? Yes No

b. Siblings (any other children in the home)? Yes No

If yes, for either of the above, please explain:

2. Describe the most positive aspects of the child's personality (affectionate, helpful, neat, etc.)

3. What recreational activities were provided for the child?

4. What activities did you participate in as a family?

5. Did the child visit with his biological parents? Yes No

How did this affect the child?

6. Did the child visit with his siblings (if placed elsewhere)? Yes No

How did this affect the child?

7. What religious opportunities were provided for the child?

8. Is a life book being kept current for the child? Yes No

IV. CHILD & SCHOOL

School:	Grade:	Teacher:
Did the child seem to make friends easily? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Were there any problems (truancy, poor grades, detention, etc.)?		

V. TREATMENT OF CHILD

1. Did the child have any eating or sleeping problems? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
2. If necessary, what form(s) of discipline seemed best for the child?
3. What rewards were most effective?
4. Did you enjoy working with a child this age? Please comment:

ADDITIONAL COMMENTS:

Signature(s) of person(s) completing report