

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 If yes, enter the number of missed school days for each reason listed below:

Did the child miss any school days in the past month?

Yes No Refused to go _____ Sick _____
 _____ Suspended _____ Expelled _____
 _____ Other (specify) _____
 What school does child attend? _____
 What grade is child in? _____
 IEP Yes No N/A

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
	\$
	\$
	\$
TOTAL	\$

_____ Foster Parent _____ Date _____ Social Worker _____ Date