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### Monthly Child Progress Report

Month of \_\_\_\_\_

Client's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date/Name of Appointments to include medical, dental, therapy, psychiatric, or other:

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Dates of visits with biological family (including phone calls): \_\_\_\_\_

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#### Behaviors in the home/community/school setting:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Anxious                | <input type="checkbox"/> Family Issues          | <input type="checkbox"/> Excited                |
| <input type="checkbox"/> Calm                   | <input type="checkbox"/> Gender Identity        | <input type="checkbox"/> Runaway                |
| <input type="checkbox"/> Aggressive/ Assaultive | <input type="checkbox"/> Grief/Loss             | <input type="checkbox"/> School Refusal/Truancy |
| <input type="checkbox"/> Depressed              | <input type="checkbox"/> Impulse Control        | <input type="checkbox"/> Sexual Abuse           |
| <input type="checkbox"/> Agitated               | <input type="checkbox"/> School Suspension      | <input type="checkbox"/> Sexual Perpetrator     |
| <input type="checkbox"/> Withdrawn              | <input type="checkbox"/> Attention Seeking      | <input type="checkbox"/> Sleep Disturbance      |
| <input type="checkbox"/> Hyper                  | <input type="checkbox"/> Sexually Inappropriate | <input type="checkbox"/> Social Skills          |
| <input type="checkbox"/> Pleasant               | <input type="checkbox"/> Obsessive/Compulsive   | <input type="checkbox"/> Substance Use/Abuse    |
| <input type="checkbox"/> Happy                  | <input type="checkbox"/> Oppositional Defiant   | <input type="checkbox"/> Suicidal Ideation      |
| <input type="checkbox"/> Sad                    | <input type="checkbox"/> Peer/Sibling Conflict  | <input type="checkbox"/> Suicidal Attempts      |
| <input type="checkbox"/> Developmental Disorder | <input type="checkbox"/> Respectful             | <input type="checkbox"/> Other: _____           |
| <input type="checkbox"/> Disruptive Behavior    | <input type="checkbox"/> Manipulative           | _____   |
| <input type="checkbox"/> Enuresis               | <input type="checkbox"/> Physical Abuse         |   |
| <input type="checkbox"/> Encopresis             | <input type="checkbox"/> Stealing               |   |

The client's progress in these behaviors (circle): | Did the client receive their allowance?

Good    Fair    Minimal    No Progress    |    Yes    No (Explain): \_\_\_\_\_

#### Monthly Comments (must explain any checked behaviors):

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I understand I cannot use this form one month prior to my foster child's VEMAT review and will use the appropriate VEMAT parent log at that time. I acknowledge this form is not sufficient enough to provide documentations for increase behaviors and will use the VEMAT parent log when my foster child's behavior has severely increased.

\_\_\_\_\_  
Foster Parent Signature      Date

\_\_\_\_\_  
Foster Parent Signature      Date