

## **Foster Parent Progress Notes**

Child's Name/LOC:		
Foster Home:		
Month/Year:		
	TREATMENT PLAN GOA	LS ADDRESSED THIS MONTH
GOAL:		
	BEHAVIORAL/EMOTIC	ONAL/SOCIAL OCCURENCES
Date	Bel	navior/Intervention/Response



	NUTRITION, HYGIE	ENE & GROOMING		
APPETITE	HYGIENE	DAILY GROOMING AS	DAILY GROOMING ASSISTANCE NEEDS	
Good	Good	Independent	Some Assistance	
Under-eating	Fair	Fully Dependent	in the following:	
Refusing to eat	Improving		Bathing	
Over-eating	Poor		Toileting	
Over-drinking	Refusing		Hair	
VOIDING PROBLEMS			Nails	
Encopresis	Average times wee	ekly	Teeth Care	
Enuresis	Average times wee	ekly	Dressing	

MEDICAL/DENTAL/OTHER TREATMENT				
Date	Type of Appt.	Physician Name	Outcome	

MEDICATION CHANGES			
DATE	MEDICATION	OLD DOSE	NEW DOSE
Other Medication Notes/Comments:			



HOSPITALIZATIONS
Name of Physician Providing Care:
Hospital:
Reason for Admission:
Date Admitted/Discharged:
Other Notes:
EDUCATIONAL
Describe child's educational progress this month (Include any documentation from school):
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SUPPORTIVE SERVICES			
TYPE	FREQUENCY		
Physical Therapy			
Occupational Therapy			
Chaoch Thorany			
Speech Therapy			
Comments about progress:			
INDEPE	ENDENT LIVING SKILLS (for youth 16+ years old)		
	ving skills practiced this month (i.e. manage bank account, applying		
for college, budgeting, grocery shopping, meal planning, laundry, housing searches,			
employment searches):			
IF EMPLOYED, PROVIDE THE	FOLLOWING:		
Place of Employment:			
Average Hours worked:			
İ			



Independent Living Comments:		
	RESPITES	
DATES	RESPITE PROVIDER	
	rk from respite provider such as medication logs, school	
papers, etc.):		
DEC	CDEATION O LEICHDE	
	CREATION & LEISURE	
TREATMENT GOALS	PROGRESS	
Goal:		
Goal:		
Gouil		
Youth's Participation in Recreation/Leis	ure Activities:	



	FAMILY CON	ITACT
VISITS WITH FAMILY THIS		
Date	Family Member	Location of Visit
PHONE/MAIL/EMAIL CO		
Date	Family Member	Type of Contact
Comments about Family	Contact:	
OTHER CONMAGNITY NOT	COVEDED ADOVE:	
OTHER COMMENTS NOT	COVERED ABOVE:	



Foster Parent Signature	Date
FCSVA Signature	Date