**FOSTER PARENT REPORT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CHILD: |       |  | Date:  |       |
| CHILD: |       |  | Placement date: |       |
| CHILD: |       |  | Review period:  |       |
| CHILD: |       |  |  |  |

**Lifebook updated and available for review?** [ ] Yes [ ] No

*(Throughout this report, if you are filling out this form for multiple children,*

*please distinguish which child you are describing.)*

**If reunification is the goal, what have you done to support reunification?**

1. **HOME**

Describe the child’s behavior in your home during the last review period.

Is child responsible for any chores in the home? If so, how does child handle this responsibility?

1. **SCHOOL/DAY CARE**

[ ]  Child is in daycare

[ ]  Child is in       grade in school

If school aged, is child in a special education classroom? [ ] Yes [ ] No

Is there an up-to-date IEP? [ ] Yes [ ] No

How often do you have contact with child’s teacher/day care provider?
 [ ]  Daily [ ]  Weekly [ ]  Monthly [ ]  As needed (specify):

How often do you meet with child’s guidance counselor?

[ ]  Daily [ ]  Weekly [ ]  Monthly [ ]  As needed (specify):

Please describe any reports you have received (during this review period) regarding child’s behavior in school/day care:

If the child is in school, how is homework handled?

1. **COUNSELING**

Is the child in counseling? [ ] Yes [ ] No

How often does the child attend counseling?

[ ]  Daily [ ]  Weekly [ ]  Monthly [ ]  As needed (specify):

How often do you meet with the child’s counselor?

[ ]  Daily [ ]  Weekly [ ]  Monthly [ ]  As needed (specify):

1. **VISITATION**

Is there regular visitation or phone contact between child and his/her family?

[ ] Yes [ ] No

 If so, how often?

Is there any difference between the child’s behaviors prior to, and after, the visits/phone calls? [ ] Yes [ ] No

 If so, please distinguish between those differences:

|  |  |
| --- | --- |
| RESPECTFULLY SUBMITTED:Foster Parent(s) – first names only | AS PART OF THE TREATMENT TEAM, PLEASE BE PREPARED TO TESTIFY TO INFORMATION PERTAINING TO THE CHILD OR CHILDREN PLACED IN YOUR CARE. |