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### FOSTER PARENT REPORT

CHILD:
CHILD:
CHILD:
CHILD:

DATE: \_\_\_\_\_

PLACEMENT DATE: \_\_\_\_\_

REVIEW PERIOD: \_\_\_\_\_

LIFE BOOK UPDATED AND AVAILABLE FOR REVIEW?      YES      NO

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

(Throughout this report, if you are filling out this form for multiple children, please distinguish which child you are describing.)

**I. HOME**

**Describe 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?**

## II. SCHOOL/DAY CARE

Child is in day care.

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 child is in school, how is homework handled?**

**III. COUNSELING**

Is child in counseling? Yes No

How often does the child attend counseling?

Weekly Every other week Monthly Other (specify): \_\_\_\_\_

How often do you meet with child's counselor?

Every session As needed (specify): \_\_\_\_\_ Other (specify): \_\_\_\_\_

**IV. VISITATION**

Is there regular visitation or phone contact between child and his/her family? Yes No

If so, how often? \_\_\_\_\_

