



12480 Ravenwood Drive • Chardon, Ohio 44024 • 440.285.9141 • Fax: 440.286.6654

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? _____

Is there any difference between child's behaviors prior to, and after, the visits/phone calls?

Yes No

If so, please distinguish between those differences:

<p>RESPECTFULLY SUBMITTED:</p> <hr/> <p>FOSTER PARENTS (first names only)</p>	<p>AS A PART OF THE TREATMENT TEAM, PLEASE BE PREPARED TO TESTIFY TO INFORMATION PERTAINING TO THE CHILD OR CHILDREN PLACED IN YOUR CARE</p>
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