**FOSTER PARENT REPORT**

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| --- | --- | --- | --- | --- |
| 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. |