

MONTHLY REPORT

(ages 5 and older)



Name of Child: _____

Caseworker: _____ County: _____ For Month, Year _____

Describe the child's strengths:

Describe the behavioral areas of concern that require your attention and correction. Also, identify progress in behaviors and interventions you are utilizing.

Describe the child's typical social interactions (i.e. problem solving, social skills, coping methods): Give examples of recent events to support your comments.

Please list the most current report concerning grades. If available, please attach the current grade report.

Is the child working at grade level?

Yes No

Describe the communications you have had with either teachers or administrators since the previous report. (i.e.: homework, socialization in class, class participation, disruptions, suspensions)

If the child is involved in therapy, please list the name of the therapist _____

Does the child see a psychiatrist for medications evaluation? Yes No If Yes, name:

What are the medications and dosages?

Have there been any changes in medications since the previous report?

Yes No

Please describe those changes, either in medication or dosage.

Describe the family involvement, including behaviors displayed by the child before, during, or following visits?

Family Visits/Contacts:

Does the child have regular contacts/visits with family members?

Yes No

If YES, fill in the following:

Date & Time ex: 1/1/09; 3-4PM	Location ex: visitation center, foster home, parents' home	Type of contact ex: face to face, phone, email, etc.	With Whom indicate names & relationship, ex: "Susy Smith - mother"

If applicable, has the child met probation conditions?

Yes No

If not, please explain what conditions need to be met and the plan to complete the stipulations.

Employment: (if applicable)

Where is the child employed? _____

What is the average number of hours worked weekly? _____

What percentage of earnings is committed to savings? _____

What is the amount of earnings in savings? _____

Please list any concerns you have regarding the job (i.e. hours worked, transportation problems, etc.)

Other behaviors/concerns not previously addressed:

Other Appointments: (visits by caseworkers, GAL's, Bridges staff, medical/therapy, etc.)

Date	Contact	Reason for Visit

Additional Important Dates:

Most recent: Physical exam: _____ Dental exam: _____ Eye exam: _____

Birth control method (if applicable): _____ Date last administered? _____ Next appt: _____

Date of most recent doctor's visit _____ Treated for? _____

Next scheduled medical appointment: _____

Signature of foster parent making report: _____ Date of report: _____