

Special Needs Placement Monthly Report

Child: _____

Month: _____ Year: _____

Foster Home: _____

Child/Caseworker Contacts (list dates and type of contact- i.e. phone, visit, etc):

1. _____

2. _____

3. _____

4. _____

Number of scheduled visits with primary family: _____

Number of actual visits with primary family: _____

Document behavior of child following actual or scheduled visits (note any significant behaviors for a minimum of 24 hours following visits):

Document child's behavior/ progress in school (if applicable):

Document nature of child/foster family interaction:

List all behaviors or incidents involving the child which resulted in rewards or consequences for the child (be specific):

Document child's scheduled visits with counselor/therapist for the month:

List any and all medication changes for the month:

Concerns/issues you may have regarding the child's behavior/placement:

Signature of Foster Parent: _____ Date: _____

Signature of Placement Worker: _____ Date: _____

(Use back of form if necessary)