



Weekly Progress Report

Name of Youth:	Foster Family:	Dates:
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Check all that apply this week

<input type="checkbox"/> Therapeutic Restraint*	<input type="checkbox"/> Poor Hygiene	<input type="checkbox"/> Appropriate Boundaries
<input type="checkbox"/> Danger to Self or Others*	<input type="checkbox"/> Can't sit still/restless/hyperactive	<input type="checkbox"/> Displayed Independent Skills
<input type="checkbox"/> Physically assaulted peers/adults*	<input type="checkbox"/> Peer relationship problems	<input type="checkbox"/> Maintained grooming/hygiene
<input type="checkbox"/> Psychiatric Evaluation*	<input type="checkbox"/> Stares Blankly	<input type="checkbox"/> Appropriate skills
<input type="checkbox"/> Suicidal Ideation*	<input type="checkbox"/> Acts fearful/anxiety	<input type="checkbox"/> Displayed courtesy
<input type="checkbox"/> Homicidal Ideation*	<input type="checkbox"/> Evasive/avoiding	<input type="checkbox"/> Kept room clean and orderly
<input type="checkbox"/> Critical Injury or Illness*	<input type="checkbox"/> Mood Swings	<input type="checkbox"/> Completed homework
<input type="checkbox"/> Criminal Behavior*	<input type="checkbox"/> Cruel/bully/mean to others	<input type="checkbox"/> Positive peer relations
<input type="checkbox"/> Sexually acting out*	<input type="checkbox"/> Satisfactory Participation in events	<input type="checkbox"/> Met Curfew
<input type="checkbox"/> Runaway* see incident report	<input type="checkbox"/> Observed bedtime	<input type="checkbox"/> Positive school experience
<input type="checkbox"/> Violated Safety Plan/Behavior Contract*	<input type="checkbox"/> Effective time management	<input type="checkbox"/> Refrained from profanity
<input type="checkbox"/> Problems in school*	<input type="checkbox"/> Respected other's property	<input type="checkbox"/> Demonstrated Initiative
<input type="checkbox"/> Did not complete chores	<input type="checkbox"/> Hoarding Food	<input type="checkbox"/> Completed chores
<input type="checkbox"/> Lying	<input type="checkbox"/> Refuses Therapy	<input type="checkbox"/> Good Sportsmanship
<input type="checkbox"/> Enuresis/Encopresis	<input type="checkbox"/> Poor Social Skills	<input type="checkbox"/> Maintained Trust Walk
<input type="checkbox"/> Oppositional/Defiant	<input type="checkbox"/> Bullying	<input type="checkbox"/> Attended Work
<input type="checkbox"/> Sad/Depressed	<input type="checkbox"/> Stealing	<input type="checkbox"/> Participated in therapy
<input type="checkbox"/> Threatening	<input type="checkbox"/> Difficulty sleeping	<input type="checkbox"/> Participated in therapeutic rec

APPROVED AGENCY THERAPEUTIC INTERVENTIONS

<input type="checkbox"/> Counseling Session	<input type="checkbox"/> Behavior Contract	RECREATIONAL EVENTS
<input type="checkbox"/> Corrective teaching/feedback	<input type="checkbox"/> No-Run Contract/No-Harm Contract	<input type="checkbox"/> School Event :
<input type="checkbox"/> Offer choices-	<input type="checkbox"/> Withhold activities/ privileges	<input type="checkbox"/> Community Event:
<input type="checkbox"/> Therapeutic Assignment	<input type="checkbox"/> Natural /Logical Consequences	<input type="checkbox"/> Church Event:
<input type="checkbox"/> Problem-Solving	<input type="checkbox"/> Planned Ignore	<input type="checkbox"/> Boys and Girls Club
<input type="checkbox"/> Use visual cue or signals	<input type="checkbox"/> Verbal redirection	<input type="checkbox"/> Library
<input type="checkbox"/> Coaching	<input type="checkbox"/> Reminder/Cue	<input type="checkbox"/> Community Recreation Center
<input type="checkbox"/> Effective Praise	<input type="checkbox"/> Positive reinforces/incentives	<input type="checkbox"/> Movies (only PG-13 or G under 17 y/o)
<input type="checkbox"/> Provide high interest materials	<input type="checkbox"/> Therapeutic Time-Out	<input type="checkbox"/> Mentor/CASA Outing
<input type="checkbox"/> Role-Play	<input type="checkbox"/> Trust Walk Earned	<input type="checkbox"/> Agency Outing
<input type="checkbox"/> Social Skill Teaching	<input type="checkbox"/> Private discussion-behavior	<input type="checkbox"/> Other:
<input type="checkbox"/> Frequent Breaks	<input type="checkbox"/> Removal of Trust Walk	<input type="checkbox"/> Other:

THERAPEUTIC RECREATION

Therapeutic Recreation/Social. (What types of therapeutic activities did the child participate in and the value of the activity. (For example: playing basketball while learning to share and being part of a team) How did the child do while participating in the activity)

Comments:



CONTACTS	APPOINTMENTS	AGENCY SUPPORT
<input type="checkbox"/> Family	<input type="checkbox"/> Routine Medical-	<input type="checkbox"/> Face to Face Home Visit
<input type="checkbox"/> Sibling	<input type="checkbox"/> Routine Dental-	<input type="checkbox"/> Telephone Contact
<input type="checkbox"/> Amazing Grace Staff	<input type="checkbox"/> Routine Medication Monitoring	<input type="checkbox"/> Office Visit
<input type="checkbox"/> Managing Conservator	<input type="checkbox"/> Emergency Medical	<input type="checkbox"/> Treatment Team Meeting
<input type="checkbox"/> Therapist	<input type="checkbox"/> Emergency Dental	<input type="checkbox"/> Foster Parent Meeting
<input type="checkbox"/> Psychologist	<input type="checkbox"/> Emergency Psychiatric Evaluation	<input type="checkbox"/> Crisis Call Evaluation
<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Hospitalization	<input type="checkbox"/> School Meeting
<input type="checkbox"/> CASA Worker-	<input type="checkbox"/> School Meeting	<input type="checkbox"/> Foster Parent Training
<input type="checkbox"/> Attorney	<input type="checkbox"/> Medical/Dental Follow-Up	<input type="checkbox"/> Youth Training
<input type="checkbox"/> Probation Officer	<input type="checkbox"/> Routine Psychological	<input type="checkbox"/> Emergency Staffing
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

SUPERVISION PLAN	EDUCATION GRADES	INCIDENT REPORTS
<input type="checkbox"/> Compliant	<input type="checkbox"/> Passing Number of Subjects:All	<input type="checkbox"/> Non-Earned This Week
<input type="checkbox"/> Non-Compliant*	<input type="checkbox"/> Failing Number of Subjects:	<input type="checkbox"/> Inappropriate Behavior

Dates of Earned Incident Reports for the Week:

INDEPENDENT LIVING SKILLS: (FOR YOUTH 16+)

Describe the independent living skills practiced this week (i.e., manage bank account, applying for college, budgeting, grocery shopping, meal planning, laundry, housing searches, employment searches):

IF EMPLOYED PROVIDE THE FOLLOWING INFORMATION:

Place of Employment:	
Average Hours Worked:	
Comments:	



Routine Activities: (Comments or observation of following activities to include child's adjustments to the program)

- Hygiene: Excellent Good Acceptable Needs Improvement
- Medication: Compliant Refused Not on medication
- Food/Appetite Good (ate well) Poor Refuses to eat Increased appetite
- Sleep: Slept all night Difficulty sleeping (frequently wakes-up)
- Allowance: Earned Allowance this week Earned Deductions from Allowance this week
(See Below)

**TREATMENT GOALS WORKED ON THIS WEEK:
(Goals according to child's Treatment Plan)**

- 1.
- 2.
- 3.

NOTES/OBSERVATIONS: (Any thing "checked" in the above boxes you must write specifics below.)

A person should be able to read this report and get an idea of what it is like to live with this child, how they function, what their needs are and how they compare to other children of the same age as well as progress they make or lack of progress.

