

Beacon of Hope Agency
Foster Parent Progress Note

Name: _____ Date of: _____

****Progress notes requirements: Basic, once a month; Moderate, twice a month; Specialized, every week**

Emotional/mental status (Describe changes in the child's emotional status. Include discussions with the therapist and the child)

Frequency, how often does this happen? _____

Duration, how long does it last? _____

How severe is the incident? _____

Behavior (Describe changes in the child's behavior. (EX: less aggression, more cooperation, etc))

Frequency, how often does this happen? _____

Duration, how long does it last? _____

How severe is the incident? _____

Family/visits/child's feelings and attitudes (How does he react after or before visits, relationship with others in the home).

Frequency, how often does this happen? _____

Duration, how long does it last? _____

How severe is the incident? _____

Recreational: Therapeutic Benefit/social/vocational/cultural activities. (Indicate family activities, school activities, recreational goals, and other activities in which the child participated including the development of independent living skills. If the child has a job, express how it is going. List progress, concern, and/or aggression)

Frequency, how often does this happen? _____

Duration, how long does it last? _____

How severe is the incident? _____

Medical/Dental (Indicate any medical or dental needs met, tests ordered, follow-up visits, referral, and any prescribed meds, (list by name, medicine strength, dosage per day, and reason for the meds). Please attach medical reports signed by the attending physician for any visits or examinations and any other related data.

School Progress and Behavior (attitude, attendance, academic improvements, progress on educational goals.)

Frequency, how often does this happen? _____

Duration, how long does it last? _____

How severe is the incident? _____

Serious Incident Reports (attach incident report, all serious incidents must be reported to the caseworker within 24 hours and to BOH staff as soon as possible)

Describe Incident:

Frequency, how often does this happen? _____

Duration, how long did it last? _____

How severe was the incident? _____

Compliance: Describe the child's compliance or non-compliance with household rules, performance of chores, and person hygiene.

Frequency, how often does this happen? _____

Duration, how long does it last? _____

How severe is the incident? _____

DISCIPLINE LOG

- * *Physical discipline is not to be administered.*
- * *Any discipline and/or restriction to the foster home for over 24 hours is to be documented on this log*
- * *The child's worker should be informed of the discipline and problem behavior by the next working day*

Date:	Type of Discipline	Problem Behavior	Initial
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Foster Parent Signature: _____