

Beacon of Hope Agency  
Foster Parent Progress Note  
( INFANT )

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)

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**LANGUAGE AND SOCIAL SKILLS**

**3 months**

1. Cooing/gurgling sound \_\_\_\_\_
2. Smiles when smiled at \_\_\_\_\_
3. Communicate hunger by crying/facile expression \_\_\_\_\_
4. Quiets down to sound of soothing voice \_\_\_\_\_
5. Anticipates being lifted \_\_\_\_\_
6. Reacts to 'peek -a -boo" game \_\_\_\_\_

**6 months**

1. Babble/making almost sing-song sounds \_\_\_\_\_
2. Knows familiar faces \_\_\_\_\_
3. Laughs and squeals with delight \_\_\_\_\_
4. Screams if annoyed \_\_\_\_\_
5. Smiles at self in the mirror \_\_\_\_\_

**12 months**

1. Babble ,but sounds like talking \_\_\_\_\_
2. Says first word \_\_\_\_\_
3. Recognizes family members \_\_\_\_\_
4. Tries to 'talk " with you \_\_\_\_\_
5. Responds to another's distress by showing distress/crying \_\_\_\_\_
6. Shows affection to familiar adults \_\_\_\_\_
7. Shows mild/severe anxiety at separation from parent \_\_\_\_\_
8. Raises arms to be picked \_\_\_\_\_
9. Understands simple commands. \_\_\_\_\_

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

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## MOTOR SKILLS

### 3 months

1. Lifts head when held at your shoulder \_\_\_\_\_
2. Lifts head and chest during tummy time. \_\_\_\_\_
3. Turns head from side to side during tummy time \_\_\_\_\_
4. Follows a moving objects or person with eyes \_\_\_\_\_
5. Often hold hands open or loosely fistled \_\_\_\_\_
6. Grasp rattle when given to them \_\_\_\_\_
7. Wiggles and kicks with arms/legs \_\_\_\_\_

### 6 months

1. Hold head steady when sitting w/help \_\_\_\_\_
2. Reaches/grasp objects \_\_\_\_\_
3. Plays w/toes \_\_\_\_\_
4. Helps to hold bottle during feedings \_\_\_\_\_
5. Explores by mouthing/banging objects \_\_\_\_\_
6. Moves toys from hand to hand \_\_\_\_\_
7. Shakes a rattle \_\_\_\_\_
8. Pulls up to a sitting position if you grasp hands \_\_\_\_\_
9. Sits with little support \_\_\_\_\_
10. Sits in high chair \_\_\_\_\_
11. Rolls over \_\_\_\_\_
12. Bounces when held in a standing position \_\_\_\_\_

### 12 months

1. Drinks from cup \_\_\_\_\_
2. Feeds self with finger foods \_\_\_\_\_
3. Grasps small objects by using thumb/index finger \_\_\_\_\_
4. Uses first finger to poke or point \_\_\_\_\_

5. Puts small blocks in and take them out of a container \_\_\_\_\_
6. Knocks two blocks together \_\_\_\_\_
7. Sit well without support \_\_\_\_\_
8. Crawls on hands/knees \_\_\_\_\_
9. Pulls self to stand/take steps holding onto furniture \_\_\_\_\_
10. Stands alone momentarily \_\_\_\_\_
11. Walks with one hand held \_\_\_\_\_
12. Cooperates with dressing by offering foot or hand \_\_\_\_\_

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

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**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)

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## **SENSORY AND THINKING SKILLS**

### **6 MONTHS**

1. Opens his mouth for the person \_\_\_\_\_
2. Imitates familiar actions you perform \_\_\_\_\_

### **12 MONTHS**

1. Copies sounds and actions you make. \_\_\_\_\_
2. Responds to music with body motion. \_\_\_\_\_
3. Tries to accomplish simple goals (seeing /crawling towards toy). \_\_\_\_\_
4. Looks for an object she/he watched fall out of sight. \_\_\_\_\_

**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.

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1 Months shots \_\_\_\_\_

3 months shots \_\_\_\_\_

6 months shots \_\_\_\_\_

Physical \_\_\_\_\_

Six month Dental visit \_\_\_\_\_

ECI referral \_\_\_\_\_

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

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Interacts well with others \_\_\_\_\_

Aggression towards others ex: (bites) \_\_\_\_\_

Eats baby food \_\_\_\_\_

Drinks Bottles \_\_\_\_\_

**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:

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

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### 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: \_\_\_\_\_