**Erie County Job & Family Service**

**PROGRESS REPORT**

To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Foster Parent(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Foster Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.: \_\_\_\_\_\_\_\_\_

Date of Placement: \_\_\_\_\_\_\_\_\_\_\_

Report Completed for the month of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(**Include Year**)

Medical appointments completed for the month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Follow-up recommended by provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete the following:**

1.) Routines, Work, Bedtime, Hygiene, etc.: **Bath or shower schedule (daily/every other day). Does child refuse to brush teeth, wash hair, etc? Status of potty training. Does child get up for school on time? List bedtime and any struggles with getting child to bed.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2.) Peer and Sibling Relationships: **How does foster child get along with other children in the home? Estimated number of arguments and circumstances behind them.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3.) Relationship with Foster Parent(s): **How does the foster child get along with you? Attitudes and Frustrations. Does the child listen? Do you struggle with communication?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4.) Use of Recreation and Time Structuring: **What does the child do in their spare time? List hobbies, sports, favorite toys, vacations, new friends outside the home.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5.) Health - Physical and Emotional (List ALL appointments and reasons): **All appointments and dates must be listed. Include prescribed medication or recommendations. (Attach a copy of a calendar sheet with notes jotted down for each appointment (if easier for you):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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6.) Relationship with Parents, Letters, Phone Calls, Reactions to Visits: **List contacts with birth family, type of contact (visit, phone call or unexpected sighting at the grocery store). How did the child act before and after the visit? If foster parent is supervising the visit or drop offs, include how things went.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7.) School: **Behaviors or concerns expressed by school personnel. Absences of 2-3 days or more due to illness, etc. Copies or log of grades, if received in the time period. Awards or honors achieved. Schedule of upcoming school meetings or IEPs or results of any of these meetings that occurred.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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8.) Problems and Needs: **Anything not listed in categories above.**

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**NOTES: In general, refrain from using words such as good or ok as the caseworkers interpretation of these words may be different from your own.**

**PLEASE ATTACH THE PRESCRIPTION LOG WITH THE PROGRESS REPORT!!!!!**