**CK FAMILY SERVICES – WEEKLY CHILD PROGRESS NOTE**

**Progress Log for Week Beginning:**       **/**       **/**       **and Ending**:       **/**       **/**

**Child**       **Foster Home**

**Medical/Dental/Developmental**

**Medical Appointments**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Physician** | **Reason for visit/diagnosis** | **Follow up/Recommendations** | **Medication Prescribed**  Yes  No  **(If so, list below)** |
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|  |  |  |  |  |

**Dental Appointments**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Dentist** | **Reason for visit/ Diagnosis** | **Follow up/ Recommendations** |
|  |  |  |  |
|  |  |  |  |

**Psychological/Psychiatric Services**

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| --- | --- | --- | --- |
| **Date** | **Clinician** | **Reason for visit/ Diagnosis** | **Follow up/ Recommendations** |
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**List of Current Medications**

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| --- | --- | --- |
| **List of Medication (*to include OTC)*** | **Reason for the Medication** | **Prescribed or OTC** |
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**Child’s Health Care Progress** (Include information related to child’s developmental milestones. Include medical issues and concerns,

any allergic reactions to foods, drugs or environment, or special diet needs and concerns).

**Does your child receive developmental services? (ie ST, OT, PT, etc)**

Yes  No **If yes,** please state which service, service provider and frequency:

**Does your child receive therapy?**  Yes  No

**(Including play therapy and BH services)**

**Biological family visits**

Did child have any contact with biological parents during and/or identified caring family member this review period?  Yes  No

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** | **Who was present:** | **Date:** | **Who was present:** |
|  |  |  |  |
|  |  |  |  |

**Sibling Contact**

***Requirements: One visit per month with all siblings in separate foster homes within 100 miles. Two phone visits, if more than 100 miles.***

Does child have any siblings in foster care or kinship placement?  Yes  No  N/A

Does the sibling live within 100 miles?  Yes  No  N/A

Does the sibling live more than 100 miles away?  Yes  No  N/A

Did the child have contact this month?  Yes  No  N/A

If yes, list with who, contact type and dates

(*Contact type=face to face, email, telephone, text or Skype)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date:** | **Contact Type:** | **With who:** | **Date:** | **Contact Type:** | **With who:** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Please check all of the child’s behaviors that occurred over the course of this reporting period.**

|  |  |  |
| --- | --- | --- |
| ***Emotional/Therapeutic***  Fearful/anxious  Restless/hyperactive  Refused Medication  Refused Therapy  Sad/Depressed  Difficulty sleeping  Sexually acting out  Enuresis/encopresis  Evasive/avoiding  Hoarding food  Stares blankly  Suicidal Ideation  Homicidal Ideation  Oppositional/Defiant  ***Health/Medical***  Critical Injury or illness  Suspected alcohol/drug use  Tobacco use | ***Peer Relations/Respect for Others***  Appropriate boundaries  Appropriate communication skills  Displayed courtesy  Good Sportsmanship  Positive peer relations  Peer relationship problems  Poor Social Skills  Cruel/mean to others  Bullying  ***Physical Aggression***  Physically assaulted peers/adults  Danger to self or others  ***Criminal***  Criminal behavior  Runaway  Stealing  Lying | ***Self-Care***  Displayed independent skills  Effective time management  Demonstrated initiative  Maintained grooming/hygiene  Poor hygiene  **Rules/Chores**  Positive school experience  Completed chores  Completed homework  Kept room clean and orderly  Observed bedtime  Mood swings  Followed directions  Respected other’s property  Refrained from profanity  Problems in school  Did not complete chores |

**\*\*If any items above are checked: describe in detail the frequency, intensity and duration of each behavior. Add any additional**

**behaviors, interventions and consequences/rewards that occurred over the course of this reporting period.**

Is child on a safety plan?  Yes  No  **If yes,** list type and activities performed to comply with the safety plan:

**\*\*If age 14 and above, describe how the child is provided opportunities to learn and demonstrate basic life skills**?

Does the child have a source of income?  Yes  No  N/A  **If yes:** what?

Does the child have a checking or savings account?  Yes  No  N/A

If age 16 and above: does the child have an ID or driver’s license?  Yes  No  N/A **If no,** please list the barriers.

If age 16 and above: is the child employed, either paid or volunteer?  Yes  No  N/A **If yes** how many hours a week?

If age 16 and above: has the child participated in PAL?  Yes  No  N/A **If No or N/A** please explain:

**Recreational/Social**

**\*For all children (Basic, Moderate and Specialized):** List opportunities provided for the child to participate in social and recreational activities for this reporting period. (Examples include: church nursery/youth group, soccer, art/music class, girl/boy scouts, etc.):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Therapeutic activity | Therapeutic Value | Date of activity | Time of activity | Supervision provided by | Behavior during activity |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Culture**

**Please note any *specific* activities or efforts made during the review period, that demonstrate foster parents’ helping to promote, child’s racial and ethnic identity. (**Examples include: incorporate foods into regular menu which are consistent with child’s culture, read books and watch movies about different cultures, providing opportunities for foster child to interact with others from their same race or culture, participating in educational opportunities regarding skin care and hair care, etc.)

**Spiritual**

**Please note any specific activities or efforts made during the review period that demonstrates foster parent’s help to meet the child’s spiritual needs**. (Examples include: attending church with foster parents, listening to Christian music, reading spiritual books.)

**Educational**

**Describe child’s educational progress over the last reporting period** (Include date of enrollment, preparing the child for the school setting, and adjustment. Include progress or areas for continued growth over the last reporting period.)

**Does child receive Special Education services?**  **Yes**  **No If yes,** describe services child receives and comment on progress:

**Has a REPORT CARD OR PROGRESS REPORT been sent home this week/month?**

**Yes**  **No; If yes,** please provide a copy of the report card to your CK Case Manager.

Detail below your conversation with the child regarding his / her current report card grades or progress reports. Include any consequences or rewards given.

***All children school age must have an educational portfolio. Contact Covenant Kids Case Manager to obtain if not received within 30 days of placement.***

**All tabbed items are current in the portfolio for the child?**  **Yes**  **No**

**Items must be updated within 30 calendar days of all applicable items requiring a portfolio update.**

**If no,** describe what item(s) is needed and what attempts have been made to obtain current documentation:

**Has the child received any referrals for behavior this reporting period?**  **Yes**  **No**

If yes, describe incidents and referrals and ensure a copy is placed in the educational portfolio: