



MONTHLY PROGRESS REPORT

Child's Name: _____ Date of Birth: _____ Today's Date: _____
 Resource Parent(s): _____ Date of Placement: _____ For the Month Of: _____

1. In the last month how did the child do in your home? Doing Well - no issues
 Doing Okay - issues with: _____
 Not Doing Okay - Because: _____

DURING THE PAST MONTH. . .

2. Rate the child's ability to make and maintain healthy adult relationships?	Exc.	Good	Fair	NI	NA
3. Rate the child's ability to make and maintain healthy peer relationships?					

4. FOR NEW PLACEMENT ONLY: Date child enrolled in school: _____ Was this within 3 school days? Yes No
 If No, give reason why not (i.e. attending same school, CSW instruction, problem w/ school documents, etc.): _____ Name of School: _____

5. FOR CHILDREN ATTENDING KINDERGARTEN - 12 GRADE: Did the child miss any school days in the past month? No Yes
 If yes, enter the number of missed school days for each reason listed below:
 _____ refused to go _____ sick _____ sent home
 _____ suspended _____ expelled _____ other _____ specify

6. Were you contacted by the school this month? N Y
 If yes, was the CSW informed? N Y

7. In the past month did this child (check all that apply):
 obey all laws receive a ticket
 receive a citation get arrested

PHYSICIAN, DENTAL, COUNSELING APPOINTMENTS		
Date	MD, DDS, Counselor's Name	Nature of Appointment

Over the counter (OTC) or prescription medication given this month:
 No (no Medication Record needed)
 Yes (submit completed Monthly Medication Record)

CLIENT HEIGHT/WEIGHT RECORD		
Date	Height	Weight

SAFEGUARDED CASH RESOURCES	
<input type="checkbox"/> No	<input type="checkbox"/> Yes (submit back-up log)

Is Child Employed:	
<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete Employment Earnings section pg. 2)

NUTRITIONAL SCREENING QUESTIONS

Has your child's eating habits changed within the last 30 days? No Yes
 Does your child have any feeding or eating problems? No Yes: _____
 Is your child allergic to, or intolerant of, any foods? No Yes: _____
 Do any of the following apply to your child's food intake? (circle all that apply)
 refuses many foods eats too much refuses solid foods has a poor
 appetite eats too little
 eats fewer than 3 times a day other: _____

INDEPENDENT LIVING SKILLS		
If Child is age 15 or older, is he/she participating in ILSP?	N	Y
If no, why not?		

VISITATION LOG				
Date	Visit With	Approved by	Location	Supervised/ Unsupervised

Allowance Policy	
Child's Age	Weekly Amount
5 to 8 years	\$ 5.00
9 to 11 years	\$ 5.00
12 to 14 years	\$7.50
15 years and over	\$10.00

ALLOWANCE				Child's Intl's
Date				
Amount				

Monthly Clothing Policy			
Child's Age	\$\$ Amount To Spend	Child's Age	\$\$ Amount To Spend
0 to 4	\$ 15.00	12 to 14	\$ 30.00
5 to 8	\$ 20.00	15 to 18	\$ 35.00
9 to 11	\$ 25.00	(receipts must be attached)	

Clothing Balance Completed by Social Worker				
Pre. Bal. O/U	Mo. Minimum	Amt. Spent	Balance	Under Over

Resource Parent _____ / / Date _____ Resident (if 7 or older) _____ / / Date _____ Social Worker _____ / / Date _____



MONTHLY PROGRESS REPORT

Page 2

EMPLOYMENT EARNINGS					
Previous Balance	Total Earned This Mo.	Amt. Into Savings	Amt. Taken From Savings	For	EOM Balance

Use as needed:

PHYSICIAN, DENTAL, COUNSELING APPOINTMENTS		
Date	MD, DDS, Counselor's Name	Nature of Appointment

Use as needed:

VISITATION LOG			
Visit With	Approved by	Location	Supervised/ Unsupervised