

Foster Home Monthly Summary

Client Name:

DOB:

Month/Year:

Foster Parents:

Emotional Care:

Has the child exhibited any of the following this month? For any yes answers, please describe the behavior and frequency in the space below.

	yes	no
Has the child exhibited Distractible, hyperactive or impulsive behavior? _		
Has the child exhibited symptoms of sadness, irritability, difficulty sleeping or eating, lack of energy, excessive pessimism, anxiety or excessive worry...?		
Has there been any bed-wetting or soiling?		
Are there any issues with body image, bingeing, purging, excessively low calorie intake?		
Has the child displayed any difficulties with managing anger in an age appropriate fashion?		
Does the child have difficulty with social skills, peer relationships, adult relationships?		

Please describe or comment on any areas in which yes was checked above. Your description should include changes over the course of this month and frequency and intensity of behaviors. Please be sure to include any behaviors that you consider safety issues.

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What type of support has the child needed in terms of emotional care this month? (supervision and structure in excess of what most youth of this age need, supportive conversation regarding emotional needs, additional services from other professionals...)

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Behavioral Care

Has the child exhibited any of the following this month? For any yes answers, please describe the behavior and frequency in the space below.

	yes	no
Has the child run away or been gone without permission?		
Does the child's behavior affect learning or require additional contact with the school?		
Does the child exhibit sexually aggressive behavior (including inappropriate sexual language)?		
Has the child exhibited inappropriate sexual activity that is disruptive to self, family or community?		
Has the child used illegal or dangerous substances?		
Has the child had hostile conflicts in the home, community or with authority figures?		
Has the child exhibited any illegal behaviors including: stealing, vandalism, destroying property, assault?		
Has there been any police involvement this month?		
Has the child been verbally or physically aggressive toward people or animals?		
Has the child exhibited any self-abusive behavior that required adult intervention?		
For parenting youth. Does the youth's behavior put the child's safety at risk and/or does the behavior put the child at risk to be abused or neglected.		

For any questions in this section that you answered yes to, please provide a description of the behaviors and the intensity and how often they occurred during this month.

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What type of support has the child needed in terms of behavior management this month? (supervision and structure in excess of what most youth of this age need, supportive conversation regarding needs, additional services from other professionals...)

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Physical and Personal Care

Has the child had any of the following physical or personal care concerns this month? For any yes answers please describe the behavior and frequency in the space below.

	Yes	No
Does the child need help with dressing, bathing, toileting?		
Does the child participate in physical therapy that requires the foster parent to practice skills with the child at home?		
Does the child require daily assistance with physical assistance devices, care for skin disorders?		
Does the child have a chronic medical condition that requires frequent interventions to manage?		
Does the child exhibit problems with self-care (including personal hygiene)?		

For any questions in this section that you answered yes to, please provide a description of the needs for intervention and the intensity and how often they occurred during this month.

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What type of support has the child needed in terms of physical and personal care needs t this month? (supervision and structure in excess of what most youth of this age need, supportive conversation regarding needs, additional services from other professionals...)

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Did you need to use AFGC on-call services this month? If so please note the dates and what happened.

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Please document any unusual behaviors or safety concerns that occurred this month that have not been documented elsewhere.

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Foster Parent Signature

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Date Report Completed

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Staff person reviewing report

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Date Report Received by staff

This summary is to be completed and submitted to AFGC each month within 10 days of the end of the month