

Monthly Foster Care Report
Due By The 25TH of Each Month
(with travel reimbursement request)

Child's Name: _____ Date: _____

Foster Family: _____

Document child's contact with Washington County Children Services staff, probation officer and law enforcement (e.g. date, who, why, etc.): _____

Child's identified behavior problems: _____

Document child's current behavior/progress in the foster home: _____

Document child's current behavior/progress in school: _____

Document consequences used during the month for inappropriate behavior: _____

Document child's scheduled visits with counselor/therapist for the month: _____

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List all medications prescribed and identify any medications changes for the month: _____

Document any activities other than those listed above that the child has participated in during the month: _____

Signature of Foster Parent: _____

Date: _____

Signature of Placement Worker: _____