

THERAPEUTIC FOSTER CARE

Monthly Progress Report

Patient Name _____ Date _____

TFC Parent Signature _____

Summary of Behavioral Strengths & Needs:

Treatment Issues from Master Treatment Plan (for daily progress see numbered issues on daily logs):

Basic Living Skills Redevelopment (30 min required per day)

- 1.
- 2.
- 3.

Social Skills (1 hour required per day)

- 1.
- 2.
- 3.

Independent Living Skills Training (15.5 years old and up)

Goal 1.

Progress:

Goal 2.

Progress:

Goal 3.

Progress:

Clothing Purchased (\$40 - \$60 Minimum)
Please document how many of the following were purchased for the month

Shirts _____ Pants _____ Shoes _____ Underclothing _____

Dress Clothes _____ Coat _____ Accessories _____ Other _____

Grand Total \$ _____

DHS WORKER VISITATION LOG (Not CMC Staff)

Date of Call/Visit _____ Worker's Name _____ Worker Spoke with Parent: Yes/No
Activity _____ Time Spent with Youth _____

BIOLOGICAL FAMILY VISIT(S)

Date _____ Time _____ Place _____

Persons Present _____

Comments (Describe Visit): _____

Date _____ Time _____ Place _____

Persons Present _____

Comments (Describe Visit): _____

RESPITE/LEAVE TIME (CIRCLE ONE):

Date & Time Left	Date & Time Returned	Caregiver's Name
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

REMINDERS:

Yes No **Lifebook was updated this month.**

Yes No **Copies of all medical appointments were given to CMC.**

Yes No **Copies of all medical appointments were placed in lifebook.**

Annual Requirements for Every child:

- Physical Exam
- Dental Exam/Cleanings (2x per year)
- Vision and hearing exams as needed
- Report cards every semester

ALLOWANCE RECEIPT

Date _____ Amount _____

Youth Signature _____

ALLOWANCE RECEIPT

Date _____ Amount _____

Youth Signature _____

ALLOWANCE RECEIPT

Date _____ Amount _____

Youth Signature _____

ALLOWANCE RECEIPT

Date _____ Amount _____

Youth Signature _____

ALLOWANCE RECEIPT

Date _____ Amount _____

Youth Signature _____

THIS FORM TO BE COMPLETED IN MARCH, JUNE, SEPTEMBER, AND DECEMBER

Chemical Dependency training (2 hours per month/quarter - circle one) Be very specific:

Activity: Video Book Workbook Seminar 12-step group Movie/TV Other

Title _____ Presenter/Author _____

Date _____ Begin Time _____ End Time _____

Youth's Response _____

Activity: Video Book Workbook Seminar 12-step group Movie/TV Other

Title _____ Presenter/Author _____

Date _____ Begin Time _____ End Time _____

Youth's Response _____

Activity: Video Book Workbook Seminar 12-step group Movie/TV Other

Title _____ Presenter/Author _____

Date _____ Begin Time _____ End Time _____

Youth's Response _____

EVACUATION DRILLS

FIRE EVACUATION DRILL Date _____

Each child residing with this family demonstrated how to evacuate from this home in the event of fire. A family evacuation plan was designed appropriate to age and developmental level. A fire drill was held in our home and successfully practiced by those listed below:

STORM ALERT DRILL Date _____

Each child residing with this family demonstrated how to take shelter in this home in the event of severe weather. A plan was designed appropriate to age and developmental level. A storm alert was held in our home and successfully practiced by those listed below:

Adjustments were made in our plan and a new plan was established: YES or NO

The plan was satisfactory and effective: YES or NO

Comments: _____

Child's Name _____

Date _____

Medication Name & Dosage: 1. _____

2. _____ 3. _____

4. _____

Please put the #'s of those medications given on the day:

	M	T	W	Th	F	Sat	Sun
Medication	_____	_____	_____	_____	_____	_____	_____

Please put an X on the day(s) any of the following items occurred:

	M	T	W	Th	F	Sat	Sun
Incident Report	_____	_____	_____	_____	_____	_____	_____
Medical Appt	_____	_____	_____	_____	_____	_____	_____
Others	_____	_____	_____	_____	_____	_____	_____

*If any boxes are X'ed, please explain in the comment section of the day the X occurred.



Methods:

- H = Hands on Activity
- M = Modeling
- V = Verbal Instruction
- W = Workbook

Competency Level:

- 1 = Little or no Experience
- 2 = Some Experience
- 3 = Experienced
- 4 = Skill Mastered

Performance Level:

- 1 = Refused
- 2 = Reluctant
- 3 = Cooperative
- 4 = Performed without prompting

MONDAY

Date _____

LIVING SKILLS

Time ____:____ - ____:____ AM / PM (30 mins. required)

*Indicate skill(s) being developed.

Goal(s) # _____

Method: H M W V Other _____

Competency Level: 1 2 3 4

Performance Level: 1 2 3 4

SOCIAL SKILLS

Time ____:____ - ____:____ AM / PM (1 hr. required)

*Indicate skill(s) being developed.

Goal(s) # _____

Method: H M W V Other _____

Competency Level: 1 2 3 4

Performance Level: 1 2 3 4

Recreation: _____

Comments: _____

Signature: _____

TUESDAY

Date _____

LIVING SKILLS

Time ____:____ - ____:____ AM / PM (30 mins. required)

*Indicate skill(s) being developed.

Goal(s) # _____

Method: H M W V Other _____

Competency Level: 1 2 3 4

Performance Level: 1 2 3 4

SOCIAL SKILLS

Time ____:____ - ____:____ AM / PM (1 hr. required)

*Indicate skill(s) being developed.

Goal(s) # _____

Method: H M W V Other _____

Competency Level: 1 2 3 4

Performance Level: 1 2 3 4

Recreation: _____

Comments: _____

Signature: _____

WEDNESDAY

Date _____

LIVING SKILLS

Time ____:____ - ____:____ AM / PM (30 mins. Required)

*Indicate skill(s) being developed.

Goal(s) # _____

Method: H M W V Other _____

Competency Level: 1 2 3 4

Performance Level: 1 2 3 4

SOCIAL SKILLS

Time ____:____ - ____:____ AM / PM (1 hr. required)

*Indicate skill(s) being developed.

Goal(s) # _____

Method: H M W V Other _____

Competency Level: 1 2 3 4

Performance Level: 1 2 3 4

Recreation: _____

Comments: _____

Signature: _____

THURSDAY

Date _____

LIVING SKILLS

Time ____:____ - ____:____ AM / PM (30 mins. required)

*Indicate skill(s) being developed.

Goal(s) # _____

Method: H M W V Other_____

Competency Level: 1 2 3 4

Performance Level: 1 2 3 4

SOCIAL SKILLS

Time ____:____ - ____:____ AM / PM (1 hr. required)

*Indicate skill(s) being developed.

Goal(s) # _____

Method: H M W V Other_____

Competency Level: 1 2 3 4

Performance Level: 1 2 3 4

Recreation: _____

Comments: _____

Signature: _____

FRIDAY

Date _____

LIVING SKILLS

Time ____:____ - ____:____ AM / PM (30 mins. required)

*Indicate skill(s) being developed.

Goal(s) # _____

Method: H M W V Other_____

Competency Level: 1 2 3 4

Performance Level: 1 2 3 4

SOCIAL SKILLS

Time ____:____ - ____:____ AM / PM (1 hr. required)

*Indicate skill(s) being developed.

Goal(s) # _____

Method: H M W V Other_____

Competency Level: 1 2 3 4

Performance Level: 1 2 3 4

Recreation: _____

Comments: _____

Signature: _____

SATURDAY

Date _____

LIVING SKILLS

Time ____:____ - ____:____ AM / PM (30 mins. required)

*Indicate skill(s) being developed.

Goal(s) # _____

Method: H M W V Other_____

Competency Level: 1 2 3 4

Performance Level: 1 2 3 4

SOCIAL SKILLS

Time ____:____ - ____:____ AM / PM (1 hr. required)

*Indicate skill(s) being developed.

Goal(s) # _____

Method: H M W V Other_____

Competency Level: 1 2 3 4

Performance Level: 1 2 3 4

Recreation: _____

Comments: _____

Signature: _____

SUNDAY

Date _____

LIVING SKILLS

Time ____:____ - ____:____ AM / PM (30 mins. required)

*Indicate skill(s) being developed.

Goal(s) # _____

Method: H M W V Other_____

Competency Level: 1 2 3 4

Performance Level: 1 2 3 4

SOCIAL SKILLS

Time ____:____ - ____:____ AM / PM (1 hr. required)

*Indicate skill(s) being developed.

Goal(s) # _____

Method: H M W V Other_____

Competency Level: 1 2 3 4

Performance Level: 1 2 3 4

Recreation: _____

Comments: _____

Signature: _____
