



MONTHLY PROGRESS REPORT

Client's Name: _____

Month of: _____

Foster Home: _____

Today's Date: _____

CENTRALLY STORED MEDICATION – FOR ADDITIONAL SPACE USE FORM LIC 622

Medication Name	Strength/Qty.	Instructions Control/Custody	Expiration Date	Date Filled	Prescribing Physicians	RX#	No. of Refills	Name of Pharmacy

MEDICATION DESTRUCTION RECORD – LIC 622

Medication Name	Strength/Qty.	Instructions Control/Custody	Expiration Date	Date Filled	Prescribing Physicians	RX#	No. of Refills	Name of Pharmacy

PHYSICIAN, DENTAL, COUNSELING APPOINTMENTS

Date	MD, DDS, Counselor's Name	Nature of Appointment

CLIENT HEIGHT/WEIGHT			VISITATION LOG				
Date	Height	Weight	Date	Visited With	Approved By	Location	Supervised/Unsupervised
Comments:							

RECORD OF RESIDENT'S SAFEGUARDED CASH RESOURCES – LIC 405						
Date	Description	Amt. Received	Amt. Spent/Withdrawn	Balance	Signature for Cash Transactions	
					Facility Rep.	Client/Resident Rep.

EMPLOYMENT EARNINGS					COMPLETED BY VBR STAFF ONLY				
Total Earnings for Month	Amt. into Savings	Amt. taken from Savings	For	EOM Balance	Previous Balance	(+) Mo. Min. \$35	(+) Amt. Spent	Balance (-)	Under/Over

CLOTHING PURCHASED DURING MONTH – (RECEIPTS MUST BY SIGNED BY CHILD & ATTACHED)			
Item Description	Amount	Item Description	Amount
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

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Child's Name: _____
 For Month of: _____ Today's Date: _____ Completed by: _____

EXC – EXCELLENT	NI – NEEDS IMPROVEMENT	NA – NOT APPLICABLE
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	EXC	GOOD	FAIR	NI	NA
General attitude & adjustment in the house					
General growth in maturity					
Demonstration of responsibility/initiative					
Attitude toward authority figures					
Willingness to receive discipline/direction					
Adjustment to peer group					
Ability to develop peer relationships/ability to make friends					

	EXC	GOOD	FAIR	NI	NA
Ability to "stand alone" under peer pressure					
Professional counseling involvement					
Responsible care of clothing					
Responsible personal care and hygiene					
Progress in school, academic					
Progress in school, attitude					
Work experience effort					
Adjustment and behavior while on home visits					
Attitude toward birth parents					
Parent attitude & cooperation w/placement					
Age appropriate social skills					
Abstaining from alcohol/drug use					
If s/he used, explain:					

Dates of individual counseling sessions. (weekly counseling sessions by foster parents are required and must be documented)	1.
	2.
	3.
	4.
	5.

Dates of birth family & relative visits (all visits must be logged)	1.
	2.
	3.
	4.
	5.

DATE	SOCIAL WORKER VISIT SIGN-IN

Certified Home Parent: _____ Date: _____

Resident: _____ Date: _____

Social Worker: _____ Date: _____