

CHILD IN CARE MONTHLY REPORT
USMA NUU-CHAH-NULTH CHILD & FAMILY SERVICES

CHILD _____ **CAREGIVER** _____

MONTH _____ **YEAR** _____

CHILD

ORGANIZED ACTIVITIES (team sports, individual sports, youth groups, etc.)

Comments: _____

NON-MEDICAL APPOINTMENTS (probation, school related, sports commitments)

Comments: _____

CULTURALLY RELEVANT ACTIVITIES (any activities specific to the child's culture)

Comments: _____

RELIGIOUS ACTIVITIES (attended church, youth group, etc.)

Comments: _____

SOCIAL WORKER CONTACT (when, where, how often, what purpose, etc.)

Comments: _____

PLAN OF CARE (is the current one active, overdue, scheduled, being worked on, etc.)

Comments: _____

HEALTH

DOCTOR (date(s), reasons, outcomes, etc.)

Comments: _____

DENTIST (date(s), reasons, outcomes, etc.)

Comments: _____

MENTAL HEALTH (date(s), referral necessary, not applicable, concerns, etc.)

Comments: _____

OTHER (physiotherapists, infant development, optometrist, nutritionist, etc.)

Comments: _____

FAMILY & SOCIAL RELATIONS

CONTACT WITH BIRTH AND EXTENDED FAMILY (dates, who, where, why, etc)

Comments: _____

CONCERNS (family impaired, missed appointments, hostility towards caregiver, etc.)

Comments: _____

EDUCATION

SCHOOL (attending, absent, issues, progress, meetings attended or scheduled, IEP, parent/caregiver conferences, outcomes from meeting, etc.)

Comments: _____

PLACEMENT

DIFFICULTIES (child expressing difficulties, caregiver having difficulties, AWOL, etc)

Comments: _____

SIGNIFICANT EVENTS (celebrations, traumatic events, changes in the home remodelling, change of bedroom, new kids, kids moved, etc.)

Comments: _____

POSITIVES

Comments:

FOSTER PARENT _____ **DATE** _____

Submitted to Social Worker _____