|  |  |
| --- | --- |
| Name:       | Family:       |
| Week of       through       |

Place a Y or an N in the appropriate box to indicate whether or not the child has completed the following tasks or had the following issues during the week.

|  |  |
| --- | --- |
| **Behavior** |  |
| **Sun** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** |
| **1. Followed bedtime routine** |   |   |   |   |   |   |   |
| **2. Completed Homework** |   |   |   |   |   |   |   |
| **3. Has good hygiene**  |   |   |   |   |   |   |   |
| **4. Completed Chores** |   |   |   |   |   |   |   |
| **5. Had incidents of Enuresis** |   |   |   |   |   |   |   |
| **6. Had incidents of Encopresis** |   |   |   |   |   |   |   |

Have any of the following serious incidents occurred during the week (please indicate by placing a Y or an N in the appropriate box)? If one of these serious incidents occurred it must be reported to the agency within 12 hours and a serious incident report must be received within 24 hours.

|  |  |
| --- | --- |
| **Behavior** |  |
| **Sun** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** |
| **1. Restraint** |   |   |   |   |   |   |   |
| **2. Serious Injury** (Requiring medical attention) |   |   |   |   |   |   |   |
| **3. Runaway**  |   |   |   |   |   |   |   |
| **4. Abuse/Neglect** |   |   |   |   |   |   |   |
| **5. Criminal Activity** |   |   |   |   |   |   |   |
| **6. Suicide Attempt** |   |   |   |   |   |   |   |

**Identify the child’s positive behaviors for the week** (such as making progress towards their treatment goals, cooperating with others, using good manners, expressing feelings appropriately, joining family activities or interacting appropriately with peers):

**Identify any problematic behaviors the child has demonstrated throughout the week** (such as lying, stealing, physical aggression, being demanding, bossy, or attention seeking, verbal aggression, throwing tantrums, having explosive outbursts, inappropriate sexual talk or sexual acting out, using profanity, alcohol or drug use, destruction of property, noncompliance or being defiant and oppositional):

**Describe the child’s week at school** (please include positive accomplishments, current grades, if known, as well as any classroom problems, also include whether or not a report card or progress report has been received):

**Appointments for the week** (this should include family visits, therapy, respite, CPS/CASA visits, Azleway Case Manager Visits, ARD Meetings, Court Hearings, Medical/Dental Appointments or any other appointment that occurred during the week):

|  |  |  |
| --- | --- | --- |
| **Event** | **Date** | **Time** |
| Azleway Case Manager Visit |       |       |
| CPS Caseworker Visit |       |       |
| Therapy  |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

**Activity/Recreation Log:** (Each child must have at least two therapeutic recreational activities a week).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Time/****Length** | **Activity** | **Goal of Activity** | **Supervision (Close, Direct, Indirect)** | **Staff Supervising** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

Therapeutic Goals of Activities:

1. Increase Motor Skills/Hand Eye Coordination 7. Promote physical fitness/maintain health
2. Promote teamwork/cooperation/sharing 8. Increase communication skills
3. Build self-esteem/self confidence 9. Outlet for displayed anger & aggression
4. Positive peer interaction/social skills 10. Relationship building/promotes bonding
5. Educational/increase knowledge 11. Build trust in others/integrity
6. Promote development of interpersonal skills 12. Decrease anxiety/anxious feelings

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Foster Parent Date Case Manager Date