

Foster Care Monthly Progress Report

Child's Name

Date of Birth

Child ID

Foster Parent(s)

Report Month

Case Worker

Placement Information

Placement Start Date

Current Placement Address

Health & Medical

Physical Health Update

Mental/Emotional Health Update

Medications

Doctors/Dentist Visits This Month (details)

Education

School Name

Grade

Attendance/Performance

Special Needs / Support Services

Family and Social Relationships

Progress with Foster Family

Contact with Biological Family

Peer Relationships & Social Activities

Behavior / Emotional Adjustment

Behavioral Progress

Strengths Observed

Areas of Concern

Caseworker Visits

Date(s) of Visit(s) this Month

Summary of Visit(s)

Additional Notes / Recommendations

Report Completed By

Date