



Foster Parent Report and Billing Form
(If additional space is needed, use additional sheet)

Child's Name: _____ Month/Year: _____

Nights in placement this month: _____

School:

- Emotional and Behavioral Well-being: Describe peer relations, behaviors seen by teachers and attitude toward school)

- Academic Progress (for youth in grades 7 through 12):
o Number of missing assignments? _____ o Number of failing grades? _____
o Number of daily absences? _____ Excused _____ Unexcused _____
o Number of suspensions? _____ In school _____ Out of school _____
o Number of detentions? _____
o Solutions or explanations

- Did you attend school meetings/events this month? [] Yes (document below) [] No

Home: (Behavior, emotional well-being, getting along with others in family/neighborhood)

Independent Living Services- (in the last month) – Complete for all children ages 10 and older

- 1. Academic Support? ___No ___Yes
2. Post Secondary Education Support? ___No ___Yes
3. Career Prep? ___No ___Yes
4. Employment/Vocational Training? ___No ___Yes
5. Budget/Financial Management? ___No ___Yes
6. Housing/Home Management? ___No ___Yes
7. Health? ___No ___Yes
8. Family/Relationships/Mentoring? ___No ___Yes
9. IL Support Group? ___No ___Yes

Comments: _____

Medical, Psychiatric and Dental Visits:

(Please attach the Medical Utilization Report and/or Incident Report)

Doctor	Reason for Visit	Date

Medication Given This Month (prescribed or over-the-counter)?

Yes (Medication logs attached) No

Was the child given an allowance this month? Yes No **Amount Given:** \$ _____

Allowance Notes: _____

Birth Family Contact: List exact dates (eg, 8/10/06) and type of contact (if none, document reason):

Foster Parent's Assessment of Progress:

Successes and Barriers to utilizing TBRI practices:

Would you be interested in additional TBRI support? Yes No

Suggestions for How LFSRM Can Offer Additional Support:

Additional Comments:

Foster Parent

Date

LFSRM Staff

Date