

CAROLINA FAMILY CONNECTIONS
FOSTER PARENT MONTHLY PROGRESS LOG
06/05/19

Name of Child: _____

Record#: _____

Month/Year: _____

GOALS:

PROGRESS

#1	
#2	

Summary of Contact with Birth Family/Shared Parenting:

CONTACTS/ACTIVITIES

Date of Most Recent Medical Exam: <hr/> Date of Next Scheduled/Due Medical Exam: <hr/> Copy of new Medical Exam Reports attached: Yes No NA New Medication Orders? Yes No Copy of new Medication Orders attached to MAR? Yes No NA	Date of Medication Evaluations: Report attached? Yes No
Date of Most Recent Dental Checkup(every 6 months): <hr/> Next Scheduled/Due Dental Checkup:	Other Doctor Appt. (name/date/reason):
Date(s) of Respite Care/With Whom:	Therapy Appts. (counseling, OT, PT, Speech, etc.):
Progress in School (include any suspensions/discipline): Report Cards/Progress Reports attached? Yes No	Dates of Overnight Home Visits/With Whom:
Cultural, artistic, or musical event attended:	Religious or spiritual activities attended/dates:
Community Service Activities/Dates:	Community Outings/Dates:
Contacts with DSS Worker/Dates:	Contacts w/ CFC Worker/Dates:

Foster Parent Name (Print)

Signature

Reviewed by: CFC Case Manager/Social Worker (print name and sign)