

**CAROLINA FAMILY CONNECTIONS  
FOSTER PARENT MONTHLY PROGRESS LOG**

Name of Child: \_\_\_\_\_

Record#: \_\_\_\_\_

Month/Year: \_\_\_\_\_

**GOALS:**

**PROGRESS**

#1	
#2	

## CONTACTS/ACTIVITIES

<b>Date of Annual Physical:</b>	<b>Date of Medication Evaluations:</b>
<b>Date of Dental Checkup(every 6 months):</b>	<b>Date of Other Doctor Appt.:</b>
<b>Date(s) of Respite Care/With Whom:</b>	<b>Therapy Appts. (counseling, OT, PT, Speech, etc.):</b>
<b>Progress in School (include any suspensions/discipline):</b>	<b>Contacts w/ child's family members:</b>
<b>Public recognition of Child's Accomplishments (posting report card, special meal/snack, praise in front of others):</b>	<b>Date(s) of Overnight Home Visits/With Whom:</b>
<b>Cultural, artistic, or musical event attended:</b>	<b>Religious or spiritual activities attended/dates:</b>
<b>Community Service Activities/Dates:</b>	<b>Community Outings/Dates:</b>
<b>Contacts with DSS Worker:</b>	<b>Contacts w/ CFC Worker/Dates:</b>
<b>Print Foster Parent Name:</b>	<b>Signature/Date:</b>

Revised 01/11