



TREATMENT FOSTER PARENT PROGRESS NOTE

CHILD:

DATE:

DOB :

SS#:

Per regulation as of 5/29/09-“Progress notes for foster children shall reflect the child’s activities, behaviors, school issues, medical issues and emotional state, and the foster parents’ observation of the child”.

Please check “yes” or “no” as appropriate. If “yes” was answered, you must document below and notify your Treatment Coordinator during working hours. If after hours, notify RMFS on-call staff, at 362-6186.

Threats of self harm	___yes ___no	Incidents of self harm	___yes ___no
Incidents of harm to others	___yes ___no	Substance abuse	___yes ___no
Runaway	___yes ___no	Medical emergency	___yes ___no
Law enforcement involvement	___yes ___no	School involvement	___yes ___no
Emergency Intervention	___yes ___no		

Check appropriate boxes that apply and document the name and role of the person that the child was in contact with.

- Family Therapy phone calls
- Visits (Bio family, JPPO, Social Worker, etc.)
- Pass
- Home Visit
- Appointment (Medical, Dental, etc)
- Child on Respite
- TTM
- F to F

ROOM CHECK CONDUCTED: YES or NO

Summarize child's day as appropriate to the goals and objectives of their treatment plan:

TREATMENT GOAL #1:

Objective A:

Objective B:

PROGRESS MADE:

INTERVENTION(S):

TREATMENT GOAL #2

Objective A:

Objective B:

Objective C:

PROGRESS MADE:

INTERVENTION(S):

TREATMENT GOAL #3

Objective A:

Objective B:

Objective C:

PROGRESS MADE:

INTERVENTION(S):

**Fun or positive experienced we have done today?
Child's strengths exhibited for today?**

TFC Parent's Signature: _____ **Date:** _____

Treatment Coordinator's Signature: _____ **Date:** _____