# Three Month Review

| **CHILD’S NAME** | ________________________________ |
| **DATE** | ________________________________ |

- **GENERAL:** Tell what has gone on with your foster child. Mention any problems.

- **SCHOOL:** Tell your child’s grades and behavior. Attach a report card.

- **MEDICAL:** Note any illnesses, injuries or medical problems. Give dates of doctor visits.

- **DENTAL AND EYE CARE:** List any dentist or optometrist visits. Give the results.

- **COUNSELING:** List visits to the therapist and tell of your foster child’s progress. Ask the therapist for a written summary.

- **FOSTER HOME:** Tell how your child has adjusted and gotten along in your home.

- **SOCIAL SKILLS:** Tell how your foster child has gotten along with others his or her age.

- **SPECIAL INTERESTS:** Note any activities or hobbies that your foster child enjoys.

- **VISITATION:** List visits with the birth family and tell how they have gone. Give facts, not your opinion.

- **CASE MANAGER:** Tell about your relationship with the child welfare department. Mention what issues you would like to discuss at the next case conference.

- **ANYTHING ELSE** that you believe is important.

**FOSTER PARENT SIGNATURE**  ________________________________

Adoption in Child Time – www.adoptioninchildtime.org
Foster Parent Journal – www.fosterparentjournal.org