

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 _____