



# FP MONTHLY REPORT

**Providers: PLEASE PRINT OR TYPE ALL REPORTS.**

**Month:** \_\_\_\_\_

**Year:** \_\_\_\_\_

|  |  |
|--|--|
| Name of Youth  |  |
| Date of Birth  |  |
| Date of Placement  |  |
| Date of Discharge  |  |
| State I.D. (Medicaid) #                                  |  |
| Foster Parents   |  |
| County Case Worker & dates visited the home/in community |  |
| County of Origin   |  |
| Home Supervisor & dates visited the home/in community    |  |

**1. This Month's Focus:** (include Education, Behaviors, and Social etc.)

What have you been working on with each child? Describe any Progress/ Struggles/ Concerns: (use additional paper if necessary) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2. Interaction with birth family:**

| Relative: (Name / Relationship) | Visit or Correspondence (Put V or C) | Dates of Supervised Visits | Dates of Unsupervised Visits | Approximate Number of Phone Contacts |
|---------------------------------|--------------------------------------|----------------------------|------------------------------|--------------------------------------|
|                                 |                                      |                            |                              |                                      |
|                                 |                                      |                            |                              |                                      |
|                                 |                                      |                            |                              |                                      |

**3. Medical**

A. Number of Doctor Visits: \_\_\_\_\_ Dates: \_\_\_\_\_

Reason for visit(s): \_\_\_\_\_

B. Number of Dental Appointments: \_\_\_\_\_ Dates: \_\_\_\_\_

Reason for appointment(s): \_\_\_\_\_

C. Eye Appointment: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Are Medical forms for EACH medical visit attached? Yes \_\_\_\_\_ No \_\_\_\_\_**



**4. Academic** (a review of the child’s performance, absences, grades, homework, comments):

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**Any progress reports or report cards this month? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Are the progress/report cards attached? Yes \_\_\_\_\_ No \_\_\_\_\_**

**5. Therapy (check all that apply):**

- Individual Therapist: \_\_\_\_\_ Date(s): \_\_\_\_\_
- Family Therapist: \_\_\_\_\_ Date(s): \_\_\_\_\_
- Physical Therapist: \_\_\_\_\_ Date(s): \_\_\_\_\_
- Occupational Therapist: \_\_\_\_\_ Date(s): \_\_\_\_\_
- Speech Therapist: \_\_\_\_\_ Date(s): \_\_\_\_\_
- Other: \_\_\_\_\_ Date(s): \_\_\_\_\_

Comments:

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**6. Legal Concerns** (this may be new offense or contacts with the law, contacts with probation, community service hours completed or court hearings):

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**7. List 3 Strengths demonstrated this month:**

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**8. Recommendations:**

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**Signature of FP** \_\_\_\_\_

**Date Signed** \_\_\_\_\_