



Community Health and Counseling Services
Adult, Child and Family Services

Foster Parent Progress Note

Case #: _____ Plan #: _____ Note Type 2 – Residential Service
 Name: _____ Start: _____ End: _____ Foster Parent Treatment
 Progress Key:

-2 Much regression -1 Some regression 0 No progress 1 Some progress 2 Much progress 9 Not addressed

Please check only one box under this section. While determining which box to check, please keep in mind where the child was at 11:59 p.m.

Sat.	<input type="checkbox"/> In Placement	<input type="checkbox"/> Not in Placement and at (809) _____	<input type="checkbox"/> In Respite Home of _____
Sun.	<input type="checkbox"/> In Placement	<input type="checkbox"/> Not in Placement and at (809) _____	<input type="checkbox"/> In Respite Home of _____
Mon.	<input type="checkbox"/> In Placement	<input type="checkbox"/> Not in Placement and at (809) _____	<input type="checkbox"/> In Respite Home of _____
Tues.	<input type="checkbox"/> In Placement	<input type="checkbox"/> Not in Placement and at (809) _____	<input type="checkbox"/> In Respite Home of _____
Wed.	<input type="checkbox"/> In Placement	<input type="checkbox"/> Not in Placement and at (809) _____	<input type="checkbox"/> In Respite Home of _____
Thurs.	<input type="checkbox"/> In Placement	<input type="checkbox"/> Not in Placement and at (809) _____	<input type="checkbox"/> In Respite Home of _____
Fri.	<input type="checkbox"/> In Placement	<input type="checkbox"/> Not in Placement and at (809) _____	<input type="checkbox"/> In Respite Home of _____

Long Term Goal:						
Progress:	-2	-1	0	1	2	9
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-term Goal:						
Progress:	-2	-1	0	1	2	9
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Long Term Goal:						
Progress:	-2	-1	0	1	2	9
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-term Goal:						
Progress:	-2	-1	0	1	2	9
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Long Term Goal:						
Progress:	-2	-1	0	1	2	9
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-term Goal:						
Progress:	-2	-1	0	1	2	9
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client's Name

Case #

Week

(Saturday)

(Friday)

Summary of the week as related to treatment goals

Foster Parent Signature

Foster Parent #

Date

Reviewed by

Staff #

Date

Reviewed by

Staff #

Date