

## FOSTER CARE PROVIDER PROGRESS REPORT

Please fill out this form every week and mail or fax it to the Colorado Family Services main office by the 5<sup>th</sup> of the month following the service. Use the following sheet to make comments on the child's behavior for the week and explain any behavior in the -4 and -5 range.

Child's Name: _____ Month/Year _____									
Foster Home: _____					Completed By: _____				
County Caseworker: _____					County: _____				
Positive Attributes: Excellent +5    Very Good +4    Good +3    Average +2    Fair +1								Not Applicable N/A  Not Present 0	
Negative Behavior: Very Mild -1    Mild -2    Moderate -3    Severe -4    Extremely Severe -5									
WEEKS	1	2	3	4	WEEKS	1	2	3	4
Eating Problems					Accepts Praise				
Assaultive Behavior					Accepts Correction				
Truthfulness					Other				
Attention Deficit					<b>Report Any Negative Behaviors Below Immediately to the C.F.S. Case Manager</b>				
Destructive of Property					Substance Abuse				
Manipulative Behavior					Fire Setting				
Threatens to Runaway					Cruelty to Animals				
Sexualized Behavior					Suicide Gesture/Threat				
Sleeping Problems					Self Destructive				
Temper Tantrums					Harms Other People				
Withdrawn					Stealing/Shoplifting etc.				
Toileting Problems					Sexual Offences				
Fearfulness					Runs Away				
Appropriate Affection					Any Delinquent Act				
Responds to Limits					<b>Record Dates of Appointments for This Month</b>				
Bio Family Relationship					County Caseworker				
Truancy					CFS Staff Visits				
School Reports					Medical				
Requires Nighttime Care					Dental				
Problem Solving Skills					Eye Doctor				
Displays Manners					Individual Therapy				
Hygiene Habits					Family Therapy				
Peer Relationships					Group Therapy				
Follows Instructions					OT, PT, Speech Therapy				
Appropriate Language					Other _____				
Conversation Skills									



