

Foster Parent Report and Billing Form
(If additional space is needed, use additional sheet)

Child's Name: _____ Month/Year: _____

Nights in placement this month: _____

School:

- Emotional and Behavioral Well-being: Describe peer relations, behaviors seen by teachers and attitude toward school)

- Academic Progress (**for youth in grades 7 through 12**):

- Number of missing assignments? _____
- Number of daily absences? _____ Excused _____ Unexcused _____
- Number of suspensions? _____ In school _____ Out of school _____
- Number of detentions? _____
- Solutions or explanations

- Did you attend school meetings/events this month? ☐ Yes (document below) ☐ No

Home: (Behavior, emotional well-being, getting along with others in family/neighborhood)

Independent Living Services- (in the last month) – **Complete for all children ages 10 and older**

- | | |
|--------------------------------------|----------------|
| 1. Academic Support? | ___ No ___ Yes |
| 2. Post Secondary Education Support? | ___ No ___ Yes |
| 3. Career Prep? | ___ No ___ Yes |
| 4. Employment/Vocational Training? | ___ No ___ Yes |
| 5. Budget/Financial Management? | ___ No ___ Yes |
| 6. Housing/Home Management? | ___ No ___ Yes |
| 7. Health? | ___ No ___ Yes |
| 8. Family/Relationships/Mentoring? | ___ No ___ Yes |
| 9. IL Support Group? | ___ No ___ Yes |

Comments: _____

Medical, Psychiatric and Dental Visits:

(Please attach the Medical Utilization Report and/or Incident Report)

Doctor	Reason for Visit	Date

Medication Given (prescribed or over-the-counter)? ☐ Yes (attach Medication Log) ☐ No

Was the child given an allowance this month? ☐ Yes ☐ No **Amount Given:** \$_____

Allowance Notes: _____

Birth Family Contact: List exact dates (eg, 8/10/06) and type of contact (if none, document reason):

Foster Parent's Assessment of Progress:

Suggestions for How LFSRM Can Offer Additional Support:

Additional Comments:

Foster Parent

Date

LFSRM Staff

Date