



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

This form is due by the 3rd of each month

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 failing grades? _____
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)? (Mark to confirm that medication logs are attached)

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