

## Foster Parent's Weekly Observation Log

**Child's Name:** \_\_\_\_\_ **Child's Age:** \_\_\_\_\_ **Consumer #:** \_\_\_\_\_

**Foster Parent:** \_\_\_\_\_ **Observation Dates** \_\_\_\_\_

The purpose of this form is to obtain observable information each week for 6 weeks from Foster Parents regarding the daily functioning of children new to placement. This information will be used in conjunction with medical, education, mental health or other assessment material to put together an overall diagnostic impression for future service planning purposes. At the conclusion of the 6 week placement assessment period, these Weekly Observation Logs are submitted to the child's Social Worker.

Listed below are statements related to areas of functioning that you, as the child's Foster Parent, would most likely be able to observe each day and during each week. Please review each statement related to the child's functioning and rate it using the 1-5 scale. The rating includes scores of 1 = poor, 2 = fair, 3 = average, 4 = good, 5 = excellent; N/A is also provided if for some reason the area of functioning does not pertain to this child due to her/his developmental stage or other factors. In addition, a "Clarification of Strengths and Needs" section is provided, in which you may provide further comments or clarification regarding the child's daily functioning in that area.

Please complete 6 Weekly Observation Logs, one each week during the first 6 weeks the child is in your home. Please highlight the child's strengths so that these factors can be further supported and used within the planning process.

Area of Functioning	Rating						Clarification of Strengths and Needs
	1 poor	2 fair	3 avg.	4 good	5 exc.	N/A	
1. Child's ability to perform and complete daily self-care tasks/activities (examples: toileting, hygiene, dressing, eating etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Child's ability to communicate wants and needs in a direct manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Child's ability to adhere to rules and directions and to maintain appropriate boundaries with other household members (examples: bedtime, meals, chores, privacy, physical space, respect for others' property).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Child's ability to communicate feelings and concerns with the support of the Foster Parent or other household member(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Area of Functioning	Rating						Clarification of Strengths and Needs
	1 poor	2 fair	3 avg.	4 good	5 exc.	N/A	
5. Child's ability to manage uncomfortable feelings with the support and guidance of the Foster Parent or other household members (examples: sadness, disappointment, anger, frustration, grief/loss).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Child's ability to perform and complete routine daily tasks (examples: chores, school attendance, homework).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Child's ability to interact with peers or other household members in a socially appropriate and respectful manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Child's ability to understand the circumstances and reasons for the placement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Child's ability to interact with biological parents or other relatives or supportive persons through visits or regular phone contacts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Child's ability to maintain appropriate behavior in settings other than the foster home (examples: school, grocery store, church, playground, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Early Childhood Developmental Milestones**  
(Please complete for child age 0 to 36 months.)

Area of Functioning	Rating						Clarification of Strengths and Needs
	1 poor	2 fair	3 avg.	4 good	5 exc.	N/A	
1. Child's performance related to gross motor skills (i.e., crawls, rolls over, sits without supports, stands alone, climbs on furniture, runs, walks without help, jumps over objects or obstacles, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Area of Functioning	Rating						Clarification of Strengths and Needs
	1 poor	2 fair	3 avg.	4 good	5 exc.	N/A	
2. Child's performance related to fine motor skills (i.e., looks at objects or faces, shakes rattle, picks up objects, follows moving objects with eyes, puts together puzzles, scribbles with pencil or crayon, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Child's current language ability (i.e., cries, squeals, babbles, makes sounds when playing alone, cries when hungry or upset, uses at least 6 words, can put together a short sentence, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Child's awareness and comprehension (i.e., alertness, interest in objects, response to being called, curiosity, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Child's social skills (i.e., responds to comforting, responds vocally when spoken to, doesn't like to be left alone, plays with other children, asks for help, shares toys, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Child's self help skills (i.e., ability to feed self, toilet trained, washes and dries hands, dresses and undresses, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Additional comments or observations</b> regarding the child's functioning within the foster home ( <i>please be as specific as possible</i> ):							

Foster Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_