



118 N. 5th St.
O'Neill, NE 68763

Phone: 402-336-4841
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Foster Parent Monthly Report

Youth Name:																					Placement Date:											
Foster Parent Name:																					Report Month/Year:											
Day of Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Argumentative																																
Dishonest / Lying																																
Irritable																																
Tantrums																																
Problems at Bedtime																																
Swearing																																
Bed Wetting/Enuresis																																
Appetite Changes																																
Mood Changes																																
Attended School																																
Problems in school																																
Homework completed																																
Chores completed																																
Hygiene completed																																
BB/DHHS/GAL visit																																
Tornado Drill (Apr.-Oct)																																
Fire Drill																																
Marks in this section MUST be accompanied by an Incident Report.																																
Physical Aggression																																
Threatening Harm																																
Stealing																																
Property Destruction																																
Self -injurious behavior																																
Inappr. Sexual Acts																																
Cruelty to animals																																
Marks in this section MUST be accompanied by a comment on the reverse side of this page.																																
Therapy																																
Psychiatric Appt.																																
Dr. Visit																																
Respite																																
Family Visit / Contact																																
Minor Injury/Illness																																

Comment on any new progress toward meeting developmental milestones or independent living skills. (Examples: first tooth, first steps, awards, tying shoes, cooking, job search, driver's ed., etc.):

Appointments: (Type, Date, Reason, Next Appt. etc.)

Family Involvement: (Type of visit, cancellations, problems before or after etc.)

Respite Providers/ Addresses / Dates:

Personal Belongings Inventory Changes: (Items with an asterisk must be further defined in the Comments section.)

Socks	Underwear / Onesies	Under Shirts	Bras	Pajamas	Swimwear	Formal Wear	Dresses	Skirts	Pants	Shorts	Dress Clothes *	Short Sleeve Shirts	Long Sleeve Shirts	Jacket	Winter Wear *	Shoes *	Purse / Wallet *	Belt / Ties *	Jewelry *	Toys, books, pics *	CDs, Cassettes, DVDs *	Backpack, luggage, bags *	Personal Money: \$_____

Additional Comments / Concerns: (minor injury/illness, new behaviors, concerning comments made by youth, etc.)

Foster Parent Signature:		Date:	
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