



Changing Directions.  
Changing Lives.

**CONNECTIONS PROGRAM  
PARENT MONTHLY REPORT**

**These reports should be turned in by the 1<sup>st</sup> of the month following the report. This report is considered late after the 5<sup>th</sup> of the following month.**

Foster Parent: \_\_\_\_\_ Month/Year: \_\_\_\_\_ / \_\_\_\_\_

Child's Name: \_\_\_\_\_

Foster Parents are responsible for completing all monthly documentation and turning it in to their Family Specialist by the last day of the month. All additional monthly documentation is due at the same time of submission as this Parent Monthly Report. Please check off the items that are attached to this report and are ready for review by the Family Specialist.

- \_\_\_\_\_ Supervision of Medication Administration/Medication Log
- \_\_\_\_\_ Medical/Dental Examination Report
- \_\_\_\_\_ Documentation of Psychiatrist Appointment
- \_\_\_\_\_ Training Certificates

**Child's Allowance:** I paid the above child the following allowance: (weekly allowances should be the following amounts: ages 0-2-\$0, ages 3-4-\$1.00, ages 5-12-\$7.50, and ages 13 and older - \$15; please explain any discrepancy).

Amount	Date	Child Signature
_____	_____/_____/_____	_____
_____	_____/_____/_____	_____
_____	_____/_____/_____	_____
_____	_____/_____/_____	_____
_____	_____/_____/_____	_____

**Therapy Attendance/Mental Health Appointments—Please list if the child had any psychiatrist, psychological, therapy, CSI or BA visits. Remember everyone must sign on the visitation log if the visit is within the home.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Location \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Location \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Location \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Location \_\_\_\_\_

**Psychiatrist Name and Practice Name:** \_\_\_\_\_

Date \_\_\_\_\_ Were there any medication changes? YES or NO

Medication Changes: (Be sure to attach Documentation of Psychiatrist Appointment)

\_\_\_\_\_

Note any medication concerns or problems: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**School Performance:** Note any report cards, awards, suspensions or disciplinary actions, unexcused absences, standardized tests taken this month. Provide copies of report cards, progress reports, and standardized test scores. Also note any IEP meetings, teacher conferences scheduled, or other school related issues of concern. Please document additional academic supports such as community or in-home educational enrichment activities, PTA meetings, tutoring sessions, etc. and provide dates and details.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Referring Agency Involvement: Record dates of contact with child's DFCS Case Manager, CASA or GAL:**

**Type of visit: (Home Visit, School Visit, Phone Call)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Type of Visit : \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Type of Visit : \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Type of Visit : \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Type of Visit : \_\_\_\_\_

**Family of Origin/Support System: Record any contact between child and parents, relatives, or siblings:**

**(Type of contact: Sibling visit, parent visit, family visit, Zoom/Skype call, phone call)**

Name/Relationship: \_\_\_\_\_ Date: \_\_\_\_\_ Type of Visit : \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Date: \_\_\_\_\_ Type of Visit : \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Date: \_\_\_\_\_ Type of Visit : \_\_\_\_\_

Note child's reaction to these contacts, and any new information resulting from the contact:

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**Health Report:** Has the youth experienced any significant health related issues during this month? If so, describe:

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Was any medication prescribed as a result? If so, medication name and dosage: \_\_\_\_\_

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**Note any medical appointments that occurred this month and provide documentation.**

Date:	Type of Appointment:	Follow-up Recommended:
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Program Services:** Describe the child's participation in extra curricular activities, outings, spiritual enrichment activities, etc. during this month: \_\_\_\_\_

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**Academic Supports:** Please document **at least six activities** or events that support the academic and educational enrichment of the child:

- A. Caregiver advocacy with teacher or other school official
- B. Staff advocacy with teacher or school official
- C. Caregiver Educational Surrogate training
- D. Tutoring
- E. PTA attendance
- F. Community Educational Enrichment Activity (Trip to museum, Nature walk to identify different plants, planetarium visit. Science club meeting, etc.)

- G. IEP meeting
- H. In-home educational enrichment activity (e.g. homework, extra reading/math, flash card reviews, watch documentary or educational television show)
- I. Parent-teacher conference
- J. PTA Meeting
- K. Digital or online learning application
- L. Summer Bridge program
- M. Other school meeting, conference or staffing

Date	Type of Contact	Location	Description
Ex: 9/12/2020	F	Fern Bank Museum	Visited the Fern Bank and explored the different dinosaur exhibits.
Ex: 9/15/2020	H	Home	Watched the documentary "The History of Civil Rights" and discussed it as a family.

Did youth experience any new or significant behaviors or safety concerns during this month?    Yes    No

Please describe the behaviors below:

Behavior	Frequency	Description	Intervention Provided
Defiance			
Suicidal Behaviors			
Self-Abusive Behaviors			
Sexual Aggression			
Sexual Behavior Problems			
Hallucinations			
Foster Family Conflict			
Physical Aggression			
Property Damage			
Substance Use			
Runaway			
Stealing			
Accident or Injury			
Other			

Describe additional behaviors child exhibited that required special attention, including but not limited to: depressed mood; impulsive behaviors; attention deficit/ hyperactivity (ADHD); excessive fears, worries, or anxiety; verbal aggression; expressions of grief/loss; self care/ hygiene problems; interpersonal relationship problems; gang involvement; oppositional or defiant behaviors; excessively withdrawn or attention-seeking behaviors: \_\_\_\_\_

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**Independent Living Activities: If youth is 14 or older, did he/she participate in ILP activities? Yes or No**

**Please provide at least 2 each month.**

Date	Type of activity
_____	_____

Date	Type of activity
_____	_____

Please note if you are working with the youth on any of the following activities in your home: life skills, house cleaning skills, laundry skills, meal planning/shopping/preparation skills, post high school planning, employment training skills, interviewing skills, self enhancement skills, sex education, budgeting, home management, health education and risk prevention, etc.

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**Overall Progress During this Month:** Please describe the overall progress made this month by the child/youth in your home. Also note if there are particular behaviors of concern or additional services/supports you feel are needed by the child/youth or yourself in order to maintain this placement.

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**Suggestions/Concerns:**

I have the following suggestions/concerns regarding the program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I verify that there have been no changes to my household composition.** (No one has moved in or out of my home during this month)
- The following change to my household composition has occurred:**

\_\_\_\_\_

\_\_\_\_\_  
Treatment Parent Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date