

HOUSE OF NEW HOPE
 8135 Mt. Vernon Rd.
 St. Louisville, Ohio 43071
 Fax: 740-745-3429

MONTHLY SUMMARY OF TREATMENT

Child's Name: _____ **DOB:** _____ **County:** _____

Month & Year Covered by this Report: _____ **Foster Parent:** _____

Treatment Progress since Last Month: *circle or check the appropriate answer*

- 5= Major progress since last month
- 4= Minor progress since last month
- 3= No progress since last month
- 2=Minor backwards movement (regression)
- 1=Major backwards movement (regression)

Social and/or Recreational 1 _____ 2 _____ 3 _____ 4 _____ 5 _____
 Explain:

Educational 1 _____ 2 _____ 3 _____ 4 _____ 5 _____
 Explain:

Emotional/Mental Health 1 _____ 2 _____ 3 _____ 4 _____ 5 _____
 Explain:

Safety/Critical Incidents 1 _____ 2 _____ 3 _____ 4 _____ 5 _____
 Explain:

Foster Family Adjustment 1 _____ 2 _____ 3 _____ 4 _____ 5 _____
 Explain:

Visitation Events:

How many visits were scheduled this month?			How many visits were missed?		
Who did the child visit?	Mother	Father	Sib(s)	Relatives	Other
What was the child's reaction to their visit(s)?					

Explain:

County Involvement:

Did the Caseworker visit your home this month?	Did you attend any county/legal meetings?
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Explain:

School Attendance:

Did child attend all required days of school?	If not, how many days were missed?
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List any school-related meetings or events you attended?
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Respite:

Did child have overnight respite this month?	If so, how many nights in respite?
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Who provided the respite(s)?

Medical:

Date of last Physical Exam?	Date of last Dental Exam?
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Date of last Optical Exam?	Date of last Hearing Exam?
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Dates and reason for routine or emergency medical care?

Describe all outstanding medical concerns?
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Mental Health Services:

Number of scheduled Counseling visits this month:	Were any appointments missed?
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If yes, reason(s) for missing?

Date(s) of Psychiatric appointment(s)?
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Current medication(s) and dosage(s)

Describe any changes in medication(s) or dosage(s) this month:
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Lifebook:

Describe any additions to child's Lifebook this month:
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Have you included:

- _____ Allowance Receipt
- _____ Medication Log
- _____ School Achievement Items (Grade Cards, Test Scores and Achievement Awards)
- _____ Respite Forms (if applicable)
- _____ Clothing Inventory (Admission, June and October)

Foster Parent Signature: _____ Date: _____