

Sheridan Patterson Center for Holistic Family Services



Executive Park West
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Behavior and Progress Report

Foster Child:
 Treatment Foster Parent:
 Month and Year:

Directions: Please provide an overall rating for each targeted area for each week. **Rating should be based on scale of 1 to 5. 1-not progressing, 2-needs improvement, 3-satisfactory, 4-good, and 5-excellent.** Also provide specific examples for each area and week. At the end of each week please review with your child. At the end of each month please submit to your therapist (by the 5th of the following month). Also attach a copy to your invoice at the end of each month.

<u>Targeted Area</u>	<u>Week 1</u>	<u>Week 2</u>	<u>Week 3</u>	<u>Week 4</u>	<u>Week 5</u>
Clinical (Anger mgt, self control, hygiene, compliance, etc.)					
Social (Peer interactions, Extracurricular activities, etc.)					
Academic (classroom behavior, work completion, etc.)					
Vocational (job application, attendance, etc.)					
Medical (appointments attended, updates regarding health, etc.)					
Medication Management (takes medication as prescribed)					

Are you following child's NTU Psychotherapy ITP? _____yes _____no

Record documentation of child's progress by answering the following weekly:

1. Were there any incidents? Yes or No?
2. If no, please state "child stable". You may expound on any notable successes the child experienced in that week.

3. If yes, please ensure you have completed an incident report and submitted to SPC within 24 hours of incident. Also, attach a copy of the report to this form. Furthermore, please expound on the type of NTU Psychotherapeutic intervention you practiced [e.g. behavior management, sit-out, time-out, time-in, behavior cost penalty, logical or natural consequences, Grandma's rule, behavior contracting, praise and/or recognition (positive parenting), effective communication, conflict negotiation, family meetings].

Week 1 _____

Week 2 _____

Week 3 _____

Week 4 _____

Week 5 _____
