

Choices for Life Foster Care, Inc.

Daily Log

(All sections must be completed)

Week beginning on Monday: _____ / _____ / _____

Client: _____

TF Parent(s): _____

Child's progress or lack of progress in achieving objective will be measured by the following scale daily:

1 – refused 2 – poor 3 – fair with effort 4 – average with prompting 5 – good 6 – better and motivated 7 - excellent

Influences: A. – modeled B. – discussed C. - directed D. - instructed E. – assisted

F. - reviewed G. - taught H. - prompted I. - addressed J. - praised K. - coached

Basic Living Skills (Categories include: maintenance of personal hygiene, picking up after self, keeping area clean, participating in chores) **(30 minutes a day)**

Day	Goal Directed Skill	Begin Time	End Time	Rating	Influence
Mon	Client will				
Tues	Client will				
Wed	Client will				
Thur	Client will				
Fri	Client will				
Sat	Client will				
Sun	Client will				

Social Skills Redevelopment (Categories include: problem solving, communication, decision making, boundary issues) **(60 minutes a day)**

Day	Goal Directed Skill	Begin Time	End Time	Rating	Influence
Mon	Client will				
Tues	Client will				
Wed	Client will				
Thur	Client will				
Fri	Client will				
Sat	Client will				
Sun	Client will				

Recreation (List specific activities in minutes, a minimum of 2-3 times weekly, i.e. picnic, McDonald's, extracurricular activities, etc. Cannot include church service or regular school hours)

Day	Recreational Activity	Begin Time	End Time	Rating

Behaviors (Specific Treatment Objectives. Use rating scale 1-7 listed above.)

	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
Use appropriate language and tone							
Followed rules of the home							
Responded responsibly to boundaries							
Responded non-aggressively when upset							
Other							

Interventions

() Time-out(s)	Number: _____	Length of time: _____ (min.)	Place: _____
Reason(s): _____			
() Loss of privileges	What? _____	Duration? _____ (min.)	
Reason(s): _____			
() Positive reinforcements: _____			
() Negative reinforcements: _____			
() Contracting (please attach a copy)			
Incident report completed: () Yes () No (please attach a copy)			

Education (In minutes)	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
Attended School							
Completed assigned work							

Note progress, regression or contact with school. _____

Appointment(s) (Medical/Dental/Eye)

Date: ___/___/___ Type/Dr.: _____ Reason: _____ Results: _____
 Date: ___/___/___ Type/Dr.: _____ Reason: _____ Results: _____

Expenses (Receipts should total \$40.00/month and must be attached to daily log.)

Allowance: \$ _____ Clients Signature: _____ Clothing Total: \$ _____
 Other: \$ _____

Weekly Summary (Document behavior, significant events and foster parent response.)

Monday:

1. Problem/Significant behavior (Can be positive or negative): _____
 2. What happened: _____
 Foster parent's therapeutic response: _____ Signature _____

Tuesday:

1. Problem/Significant behavior (Can be positive or negative): _____
 2. What happened: _____
 Foster parent's therapeutic response: _____ Signature _____

Wednesday

1. Problem/Significant behavior (Can be positive or negative): _____
 2. What happened: _____
 Foster parent's therapeutic response: _____ Signature _____

Thursday:

1. Problem/Significant behavior (Can be positive or negative): _____
 2. What happened: _____
 Foster parent's therapeutic response: _____ Signature _____

Friday:

1. Problem/Significant behavior (Can be positive or negative): _____
 2. What happened: _____
 Foster parent's therapeutic response: _____ Signature _____

Saturday:

1. Problem/Significant behavior (Can be positive or negative): _____
 2. What happened: _____
 Foster parent's therapeutic response: _____ Signature _____

Sunday

1. Problem/Significant behavior (Can be positive or negative): _____
 2. What happened: _____
 Foster parent's therapeutic response: _____ Signature _____

Visits/Contacts

Family () CFL Staff () Worker () Other () _____
 Date: _____ Date: _____ Date: _____

Current Medication(s)

Name: _____ Dosage: _____ Frequency: _____
 Name: _____ Dosage: _____ Frequency: _____
 Name: _____ Dosage: _____ Frequency: _____
 Name: _____ Dosage: _____ Frequency: _____

****This form should be returned to your Counselor when they visit your home.**

****LATE OR INCOMPLETE DAILY LOGS CAN RESULT IN THE WITHHOLDING OF YOUR MONTHLY FOSTER PARENT REIMBURSEMENT/PER DIEM CHECK UNTIL THEY ARE COMPLETED AND TURNED INTO THE OFFICE.**

I have reviewed this log and find that it is complete and accurate.

Signature of Foster Parent

Date

Signature of Counselor

Date