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Assessment Form

Foster parents should use this form during the first two weeks of a foster child's placement, or to monitor how well a child is doing during any two-week period.

Make two copies. Keep one and give the other to the child's caseworker, along with a copy of the Rating Scale below. The information on this form can also be helpful to counselors and psychiatrists.

This form should be completed each evening after the child has gone to bed.

Use two pages if beginning on any day but Monday. Use page 2 of form to list & monitor any additional skills not printed on the form.

RATING SCALE: 1 TO 7

7 = Completely Satisfied

6 = Satisfied

5 = Slightly Satisfied

4 = Neither Satisfied nor Dissatisfied

3 = Slightly Dissatisfied

2 = Dissatisfied

1 = Completely Dissatisfied

NA = Not Applicable

*** ADDITIONAL NOTES ***

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2-week Assessment Form

Foster family:_____ **Page____ of ____**

Child's Name:_____ Age:____ Caseworker:_____ Date of Placement:_____

	Month:	Date:														
	Skills	Notes	M	T	W	Th	F	Sat	Sun	M	T	W	Th	F	Sat	Sun
1	Follows Instructions															
2	Accepts Criticism															
3	Accepts "No"															
4	Disagrees Appropriately															
5	Requests Permission															
6	Reports Whereabouts															
7	Rational Problem Solving															
8	Expresses Compliments															
9	Accepts Compliments															
10	Telephone Skills															
11	Greeting Skills															
12	Departure Skills															
13	Conversation Skills															
14	Respects Other's Feelings															
15	Respects Other's Possessions															
16	Respects Other's Space															
17	Expresses Apologies															
18	Performs Daily Maintenance Tasks															
19	Uses Appropriate Table Manners															
20	Uses Appropriate Language															
21	Avoids Disruptive Verbal Behavior															
22	Avoids Disruptive Physical Behavior															
23	Participates in Family Activities															
24	Peer Relations															
25	School Behavior															
26	School Academics															
27	Personal Hygiene															
28	Volunteers															

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*** PAGE 2 ***
Use this page for Additional Skill Monitoring

2-week Assessment Form

Foster family:_____ **Page____ of ____**

Child's Name:_____ Age:____ Caseworker:_____ Date of Placement:_____

Month:		Date:															
	Skills	Notes	M	T	W	Th	F	Sat	Sun	M	T	W	Th	F	Sat	Sun