



Resource parent must be with client at all times for implementation of Treatment Plan. Watching tv, movies (unless educational) and transporting the client (unless an independent living skills goals) will not be allowed.

Child's Name: _____
Week Start Date: _____ Date End Date: _____
Social Worker: _____ Foster Family: _____

Category (please check one):

- Basic Living Skills-Getting Up, Getting to school, Daily activities, Cooking, Cleaning, Eating
- Communication Skills-Speech, Language, Written, Processing Info, Expressing feelings & needs
- Household Management-Chores
- Organization Skills-Room organizing, Creating Order, Following Directions
- Self-Care: Hygiene, Brushing Teeth, Bathing, Nutrition
- Time Management-Turning in assignments, planning around daily activities, Follow thru, Personal Responsibility
- Social Skills-Peer Interactions, Sharing, Manners, Making friends, Leadership
- Transitional Living Skills-Job Skills, Employment preparation, Budgeting, Cooking, Laundry, Self-Leadership
- Safety Monitoring-Required supervision, Sexual Safety, Establishing boundaries

Goal:

DATA (Narrative of what you did to achieve this goal):

Assessment (Your assessment of how this went):

Plan (What worked, what did not work, what might you do differently next time, keep the same):

What strengths and/or skills did the child use to reach the goal?

Overall, how was the week?

Goal Progress (Mark one):

Regression

Minimal Progress

Acceptable Progress

Goal Met for Week

➤ _____
ISFC Resource Parent

Date

➤ _____
ISFC Social Worker

Date

➤ _____
ISFC Supervisor

Date