

Circles of Care
Therapeutic Child Weekly Progress Report

Complete one of these reports, once a week, for each child you have in placement with you. Turn in this form every two weeks to Circles of Care. Please be specific and give detail. If additional space is necessary attach additional sheets of paper.

Child Name: _____ **For the week of:** _____ **to** _____

(I) Address the following areas. A person should be able to read this report and get an idea of what it is like to live with this child, how they function, what their needs are and how they compare to other children of the same age as well as progress they make or lack of progress.

(A) Basic Needs, Medical and Dental (Discuss supervision level, medical complaints, concerns or appointments. Supervision issues or basic needs concerns. If no needs or no concerns put “ n/a” or “healthy this week”)

Any profession Service Report(s) completed and turned in this week? Yes No

(B) Educational. (How child is doing in school this week, both with grades and behaviorally. Turn in any documentation from school such as report cards, and any Special Education documents as applicable.)

(C) Developmental/Life Skills and Emotional. (How does child do on day to day responsibilities such as assigned chores, skill abilities, emotional status and therapy information)

NUTRITION, HYGIENE & GROOMING

<i>APPETITE</i>		<i>HYGIENE</i>		<i>DAILY GROOMING ASSISTANCE NEEDS</i>		
	Good		Good		Independent	Some Assistance in the following:
	Under-eating		Fair		Fully Dependent	
	Refusing to eat		Improving			Bathing
	Over-eating		Poor			Toileting
	Over-drinking		Refusing			Hair
VOIDING PROBLEMS						Nails
	Encopresis		Average Times Weekly			Teeth Care
	Enuresis		Average Times Weekly			Dressing

SUPPORTIVE SERVICES: (if applicable)

Dates of ECI services:	
Dates of Occupational Therapy:	
Dates of Speech Therapy:	
Dates of Physical Therapy:	
Special Equipment, Supplies/Nursing/Attendant Care	
Comments about progress:	

INDEPENDENT LIVING SKILLS: (for youth 16+ years old)

Describe the independent living skills practiced this week (i.e., manage bank account, applying for college, budgeting, grocery shopping, meal planning, laundry, housing searches, employment searches):	
IF EMPLOYED PROVIDE THE FOLLOWING INFORMATION:	
Place of Employment:	
Average Hours Worked:	

