

# *Circles of Care*

## **School or Daycare Documentation**

Please aid us in knowing how this child does in other setting other than at home. Please complete daily or at least 2-3 times per week. If not able to record as requested, please provide this documentation once a week as a weekly summary.

Childs Name: \_\_\_\_\_ Date: \_\_\_\_\_

Very well; Good behavior, listened, emotionally stable, good peer relations.

Comments or details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Good; Some minor problems, but infrequent.

Comments/details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fair; Minor problems, but frequently throughout the day.

Comments/details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Poor; Moderate problems and frequently throughout the day

Comments/details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Extremely poor; Severe frequent and consistent problems with behavior, emotions or peer relations.

Comments/details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please either turn into foster parents who will turn into Circles of Care or you can send directly to Circles of Care. *Phone* 361-852-3812 *Fax* 852-6124.