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.