



PROGRESS REPORT

Please submit the progress reports with each post placement visit. Please fill out the form based on how it applies to your child's situation and use a supplemental sheet if necessary.

Date of Report	
Name of Child	
Age of Child	
Present Height	
Present Weight	
Parent(s) Name	
Full Address	

CHILD'S HEALTH

Describe your child's overall health, illnesses or medical issues, most recent medical appointments, and any treatment or therapy arrangements.

TEMPERAMENT

Describe your child's mood/disposition, activity level, and reaction to change.

DEVELOPMENTAL MILESTONES

Describe the following areas of development/progress observed for your child.

Large or Gross Motor Skills-- sitting, standing, throwing a ball, riding a bicycle

Small or Fine Motor Skills-- holding utensils, pincer movements, feeding self

Social Development-- language or verbal skills, overall interaction with others

Cognitive Development-- anticipating events or activities, understands discrepancies

EATING, SLEEPING, AND AWAKE PATTERNS

Describe your child's daily routine as well as eating and sleeping habits or issues.

EDUCATIONAL PROGRESS

Describe your child's school schedule, grade level and any services they are receiving (*if applicable*).

INTEGRATION OF YOUR CHILD INTO YOUR EXTENDED FAMILY

Describe your child's adjustment and interactions with your extended family.

INTERGRATION OF YOUR CHILD'S BIRTH CULTURE

Describe the efforts that you are making to preserve your child's birth culture and to integrate their culture into your family life. *For example: meeting people or identifying a role model who shares in your child's cultural background, attending church or community activities.*

PARENTS' ADJUSTMENTS FOLLOWING PLACEMENT OF CHILD IN HOME

Describe your adjustment to parenting your child including successes and challenges. *For example: changes in your relationships, work situation, sleep and exercise patterns, bonding experiences with the child.*

CHILD CARE ARRANGEMENTS

Please describe your child care arrangement, schedule and a summary of your child's adjustment to child care arrangements (if applicable).

OBSERVATIONS

Describe observations, areas of concerns, particular satisfactions or frustrations you are experiencing with your child.

Parent One:

Parent Two: *(if applicable)*

Parent(s) Signatures:

Date: _____

Date: _____