

RESOURCE PARENT PROGRESS REPORT

Consumer: _____ Resource Parents Signature: _____

Date: (Saturday) _____ Through (Friday) _____

Please check every box that applies to your child for this week

BEHAVIOR

- Unchanged S M T W Th F Sat
- Progress: _____
- Change in Eating/Sleeping Habits S M T W Th F Sat
Specify: _____
- AWOP 30 Minutes or Longer S M T W Th F Sat
- Self inflicted injury S M T W Th F Sat
Specify: _____
- Aggression S M T W Th F Sat
- Profanity S M T W Th F Sat
- Does Things Without Thinking S M T W Th F Sat
- Stealing S M T W Th F Sat
- Verbal Threats S M T W Th F Sat
- Possession/Use of Weapons S M T W Th F Sat
- Oppositional/Defiant S M T W Th F Sat
- Sexualized S M T W Th F Sat
Specify: _____
- Does Not Pay Attention S M T W Th F Sat
- Lying S M T W Th F Sat
- Temper Tantrums S M T W Th F Sat
Specify: _____
- Plays w/Fire or Matches S M T W Th F Sat
- Physical Aggression S M T W Th F Sat
- Destroys Property S M T W Th F Sat
- Animal Cruelty S M T W Th F Sat
- Mood S M T W Th F Sat
Specify: _____
- Physical Complaint S M T W Th F Sat
Specify: _____
- Fear S M T W Th F Sat
Specify: _____
- Contacted On Call Staff S M T W Th F Sat
- Contacted Police S M T W Th F Sat
- Disrupted from Placement S M T W Th F Sat
Specify: _____
- Incident Report Written S M T W Th F Sat
- Enuresis/Encopresis S M T W Th F Sat

MEDICAL

- Medical Appointment S M T W Th F Sat
- Dental Appointment S M T W Th F Sat
- Vision Screen S M T W Th F Sat
- Medication Clinic S M T W Th F Sat
- Change in Medications S M T W Th F Sat
- Emergency Room Visit S M T W Th F Sat
- Injured S M T W Th F Sat
- Follow-up Visits S M T W Th F Sat

SCHOOL/EDUCATION

- Behavior Documents for School S M T W Th F Sat
- School Truancy S M T W Th F Sat
- Suspension/Expulsions S M T W Th F Sat
- Sent Home from School S M T W Th F Sat
- Phone Call from School S M T W Th F Sat
- School Detention S M T W Th F Sat
- School Conference S M T W Th F Sat
- Grades/Interim School Report S M T W Th F Sat
- Complaint Filed Against School/Teacher S M T W Th F Sat

FAMILY

- Phone Call with Family S M T W Th F Sat
- Visit with Family S M T W Th F Sat
- Overnight Visit with Family S M T W Th F Sat

APPOINTMENTS

- Therapy OT/PT/SP S M T W Th F Sat
- Contact by Stepping Stones Staff S M T W Th F Sat
- Contact by DHS Staff S M T W Th F Sat
- DHS County Conference S M T W Th F Sat
- Court Hearing S M T W Th F Sat

INDEPENDENT LIVING/SOCIAL SKILLS

- Poor Social Development S M T W Th F Sat
- Difficulty w/Self-Help Skills S M T W Th F Sat
- Progress Toward Self-Help Skills S M T W Th F Sat
- Difficulty w/Personal Hygiene Skills S M T W Th F Sat
- Attend Independent Living Classes S M T W Th F Sat

Strengths of consumer: _____

Comments/additional information: _____