

Foster Parent HOME OBSERVATION Survey for AGES 6mths – 4 Years

Foster parents complete this form monthly, or as directed by your support worker.

Month _____ Year _____ : Support Worker: _____

Child's Name: _____ Age: _____

Foster Parent(s) Name: _____ Phone: _____

Respite/Relief Days this period: _____ *Where?* _____
 (This does not include babysitting)

Please be as objective and accurate as you can in completing this form.

1. OUTCOME: CHILD IS PROTECTED AND NURTURED (Check only boxes that apply)

Level of Nurturing

- Accepts Hugs; Likes Rocking; Accepts affection; Gives affection; Makes eye contact;
- Hearing/Vision Concerns; Ability to self-regulate; Highly ambivalent to birth parent;
- Indiscriminate affection with relatively unfamiliar adults; Excessive dependence on caregiver;
- Does not seek comfort when frightened, hurt or ill; Compulsive compliant with caregiver;
- Unable to seek or use supportive presence of attachment figure; Lack of compliance with caregiver request;
- Failure to check back with caretaker in unfamiliar settings;

Preferred way to regulate self: e.g. take nap, quiet time, etc. _____

Physical Health – General Observation

- Excellent; Good; Fair; Poor: describe _____
- Chronic skin/hair condition; Known Allergens: _____
- Date of Initial Health appointment: _____; or Last Annual Physical exam: _____
- Immunizations Missing: _____

Strengths vs. Concerns

Emotional/Social (check the items that best describe this child)

- Relaxed; Happy; Anxious; Angry; Passive; Assertive; Manipulative; Helpful;
- Respectful; Sleeps well; Sad; Defiant; Energetic; Listless; Cooperative; Overactive;
- Lethargic; Impulsive; Fearful; Confident; Independent; Accepts complements;
- Short attention span; Gets along well with others; Difficulty with Pretend Play;

Behaviors of Concern

- Destructive; Sneaky; Violent Tantrums; Impulsive; Bangs head; Bites; Steals; No remorse;
- Indiscriminate hugging; Smears feces; Picks fights; Resists affection; Acts out sexually; Self-hurting;
- Cruel to people; Cruel to animals; Unaware of danger; Disregard for own safety; No stranger fear;
- Morbid preoccupation with death; Urinating/defecating inappropriately

Describe Areas of Concern/Progress: _____

2. OUTCOME: DEVELOPMENTAL NEEDS ARE MET

Self-Care (based on expectation for child’s age)

Hygiene:

- Hair clean & brushed; Brushes teeth regularly; Clothes clean & neat; Enjoys Bath; Wets pants;
- Soils pants; Needs constant reminders for self-care; Learning to dress self;

Sleeping:

- Falls asleep on time at bedtime; Fearful/defiant at bedtime; Nightmares; Night Terrors;
- Wakes up often during night; Sleep walks;

Wake-up:

- Refreshed Groggy Irritable

Living Skills:

- Dresses self (age appropriate) Follows safety rules Asks for help as needed

Behavior Management Tools used:

- Tokens/Rewards; Charts/Stickers; Separation from peers; Time out; Time In; Loss of Privilege;
- Planned Teaching; Timely reminders; Natural Consequences; Logical Consequences; Praise;
- Reminders; Other: _____

Describe Areas of Concern/Progress: _____

3. OUTCOME: RELATIONSHIPS BETWEEN THE CHILD AND THE FAMILY ARE SUPPORTED

Relationships between children in foster care and their families must be evaluated on a case-by-case basis. It is the responsibility of the child’s primary worker to define all contact between the child, and the parent’s involvement in the child’s activities. Input from the foster parents, is very important and encouraged.

In what ways have you supported the child’s relationship with parent(s)

(as approved by the child’s caseworker)

- Provided transportation to visits; Maintained confidentiality
- Allowed phone calls per case plan; Shared info/included in medical appointments
- Positive emotional support for child about family; Helped child acknowledge parent birthday/family event
- Shared concerns or comments with social worker

Communication with bio-parent is:

- Easy & Friendly Adequate Difficult No Communication

Visits with Parents (as approved by the child’s case worker)

Frequency of Visits:

- Weekly Twice weekly Monthly None

Duration of Visits:

- 1-2 hours Several Hours Overnight
- Supervised Unsupervised Location of visits: _____

Child’s behavior in anticipation of visits:

- Excited/Happy Anxious Indifferent

Children First Family Services

Therapeutic / Healing Care

Child's behavior after visits:

- Happy
- Overly Excited
- Sad
- Defiant
- Unchanged

Is transportation arrangement adequate? Yes No

Is visitation plan appropriate? Yes No

Sibling Relationships (as approved by the child's caseworker)

If living with sibling(s), is the relationship:

- Compatible and supportive
- Often in conflict

If living separately:

- Regular visits maintained
- Phone calls allowed
- Often expresses desire to see sibling
- Prefers not to have contact with sibling
- Appears to be indifferent about seeing sibling

Describe Areas of Concern/Progress: _____

4. OUTCOME: Cultural / Community Connections

- Child is not interested in hearing about their culture; Child is proud of his/her culture; Child takes active interest in learning about culture; Child is more interested in negative cultural stereotypes;
- the Child has possessions that are connecting to the culture; Child has access to an Elder if requested;
- * Child shows interest in cultural: music, dance, art;

Type of Cultural Activity Child Participated In:

Date: _____ Location: _____

- Pow Wow/Round Dance; Arts and Crafts; Story Telling; Nature Outing;
- Elder Meeting/Connection
- Describe: _____

Type of Recreational Activity

- Sporting; Team Events; Educational; Music/Arts;

Describe: _____

5. OUTCOME: Working TOGETHER AS MEMBERS OF A PROFESSIONAL TEAM

I have met or talked with the child's caseworker this month to discuss the child's needs.

I have met or talked this month with other professionals working with this child:

- Lawyer
- Psychotherapist
- Health professional
- Parent or guardian
- School
- CASA
- Specialized/ Therapeutic support agency
- Other: _____

- I have participated in the case conference this month.
- I have participated in the POST Team Meeting this month.
- I have participated in a court hearing this month.
- I have participated in a school conference this month.

Do you feel you are treated as a member of the professional team? Yes No

Describe his/her Accomplishments/ Successes during this survey period:

Describe his/her Areas of Concern during this survey period:

This form provides an opportunity for you to document your observations, concerns and opinions about your foster child’s status and progress. It will become a part of the child’s permanent record and may be read by others in addition to your support worker.

As the person providing 24-hour care, your input is essential.

Foster Parent Signature

Support Worker Signature

Date Survey Received in Children First office: _____