Elks Aidmore
Specialized Foster Care Program
Foster Parent Weekly Progress Notes

Child's Name: Mashawna Phillips Date: 8.1.24 to 8.4.24

Short Term Goals	Met (check at end of week)	Not Met	Partially Met
I will follow directions.		✓	
I will respect boundaries.		✓	
I will not talk back to adults.		✓	
I will practice self control.		✓	
I will complete homework assigaments without refusal.			

Educational Supports: (Please indicate date that the educational support was provided.)

_____Read a book	_____Watched Educational Program	_____Used Flash Cards	_____ Homework
_____ Went to Library	_____Electronic Educational Gaming	_____ Participated in Tutoring/assisted learning activity	Other:

BEHAVIORS:

KEY: H=HOME S=SCHOOL C=COMMUNITY (complete daily)

Primary Symptoms	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Anger Management							
Sexually Inappropriate Behavior							
Physical Aggression							
Poor Conflict Resolution Skills				H	H	H	H
Safety Interventions	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
Privileges taken away					H	H	H
Time outs							
Talking with an adult							
Rewards							
Coping Skills							
Other:							

***Positive Things My Child Did:

Additional Comments: (Therapy sessions, DFCS/Family Visits/Visitation; Court; School—ONLY!! Please include dates)

DFCS Contact: _____

School Contact: _____

Family Contact: _____

Therapy/Psychiatrist/Doctor: _____

Independent Living: _____

Court/Legal: _____

ALLOWANCE: (For teens 14+ a minimum of $40/month) _____

SFC Parent _____ Date 8/4/24

Family Consultant _____ Date _____

Elks Aidmore
Specialized Foster Care Program
Foster Parent Weekly Progress Notes

Child's Name: Marshawna Phillips **Date:** 8.5.24 to 8.11.24

Short Term Goals	Met (check at end of week)	Not Met	Partially Met
I will follow directions.		✓	
I will respect boundaries.		✓	
I will not talk back to adults.		✓	
I will practice self control.			✓
I will complete homework assignments without refusal.			✓

Educational Supports: (Please indicate date that the educational support was provided.)

_____Read a book	_____Watched Educational Program	_____Used Flash Cards	✓ Homework
_____Went to Library	_____Electronic Educational Gaming	_____Participated in Tutoring/assisted learning activity	Other:

BEHAVIORS:

KEY: H=HOME S=SCHOOL C=COMMUNITY (complete daily)

Primary Symptoms	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Anger Management							
Sexually Inappropriate Behavior							
Physical Aggression							
Poor Conflict Resolution Skills	H	H	H	H	H	H	H
Safety Interventions	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
Privileges taken away	H	H	H	H	H		
Time outs							
Talking with an adult							
Rewards			H				
Coping Skills							
Other:							

***Positive Things My Child Did:

_____

_____

_____

Additional Comments: (Therapy sessions, DFCS/Family Visits/Visitation; Court; School—ONLY!! Please include dates)

DFCS Contact: _____

School Contact: _____

Family Contact: Visit to Aunt for Weekend

Therapy/Psychiatrist/Doctor: Mrs. Lucky

Independent Living: _____

Court/Legal: _____

ALLOWANCE: (For teens 14+ a minimum of $40/month) _____

_____ 8/11/24

SFC Parent Date

_____ _____

Family Consultant Date

Elks Aidmore
Specialized Foster Care Program
Foster Parent Weekly Progress Notes

Child's Name: Marshawna Phillips **Date:** 8.12.24 to 8.18.24

Short Term Goals	Met	Not Met	Partially Met
I will follow directions.		✓	
I will respect boundaries.		✓	
I will not talk back to adults.		✓	
I will practice self control.		✓	
I will complete homework assignments without refusal.		✓	

(check at end of week)

Educational Supports: (Please indicate date that the educational support was provided.)

_____Read a book	_____Watched Educational Program	_____Used Flash Cards	✓ Homework
_____Went to Library	_____Electronic Educational Gaming	_____Participated in Tutoring/assisted learning activity	Other:

BEHAVIORS:

KEY: H=HOME S=SCHOOL C=COMMUNITY (complete daily)

Primary Symptoms	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Anger Management				S	S		
Sexually Inappropriate Behavior							
Physical Aggression							
Poor Conflict Resolution Skills	H	H	H	H/S	H/S	H	
Safety Interventions	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
Privileges taken away	H	H	H	H	H	H Sunday	H
Time outs							
Talking with an adult					H		
Rewards						H	
Coping Skills							
Other:							

***Positive Things My Child Did:**

_____

_____

_____

Additional Comments: (Therapy sessions, DFCS/Family Visits/Visitation; Court; School—ONLY!! Please include dates)

DFCS Contact: _____

School Contact: Teacher (Marshawna is different by lunch

Family Contact: _____

Therapy/Psychiatrist/Doctor: _____

Independent Living: _____

Court/Legal: Mrs Toby Holzer 8/16

ALLOWANCE: (For teens 14+ a minimum of $40/month) _____

_____ **Date** 8/18/24
SFC Parent

_____ **Date** _____
Family Consultant

Elks Aidmore
Specialized Foster Care Program
Foster Parent Weekly Progress Notes

Child's Name: Marshawna Phillips Date: 8/19/24 to 8/25/24

Short Term Goals	Met (check at end of week)	Not Met	Partially Met
I will follow directions.			
I will respect boundaries.		✓	
I will not talk back to adults.		✓	
I will practice self control.		✓	
I will complete homework assignments without refusal.			✓

Educational Supports: (Please indicate date that the educational support was provided.)

___✓___ Read a book	_____ Watched Educational Program	_____ Used Flash Cards	___✓___ Homework
_____ Went to Library	_____ Electronic Educational Gaming	_____ Participated in Tutoring/assisted learning activity	Other:

BEHAVIORS:

KEY: H=HOME S=SCHOOL C=COMMUNITY (complete daily)

Primary Symptoms	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Anger Management							
Sexually Inappropriate Behavior							
Physical Aggression							
Poor Conflict Resolution Skills	H	H	H	H	—	—	—
Safety Interventions	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
Privileges taken away	H	H		H	—	—	—
Time outs							
Talking with an adult							
Rewards			H (TV)				
Coping Skills							
Other:							

***Positive Things My Child Did:

_____

_____

_____

Additional Comments: (Therapy sessions, DFCS/Family Visits/Visitation; Court; School—ONLY!! Please include dates)

DFCS Contact: _____

School Contact: _____

Family Contact: Visit with family for Weekend

Therapy/Psychiatrist/Doctor: Kids First

Independent Living: _____

Court/Legal: _____

ALLOWANCE: (For teens 14+ a minimum of $40/month) _____

_____ 8/25/24
SFC Parent Date

_____ _____
Family Consultant Date

Elks Aidmore
Specialized Foster Care Program
Foster Parent Weekly Progress Notes

Child's Name: Marshawna Phillips **Date:** 8/26/24 to 8/31/24

(check at end of week)

Short Term Goals	Met	Not Met	Partially Met
I will follow directions.		✓	
I will respect boundaries.		✓	
I will not talk back to adults.		✓	
I will practice self control.		✓	
I will complete homework assignments without refusal.		✓	

Educational Supports: (Please indicate date that the educational support was provided.)

✓ Read a book	✓ Watched Educational Program	____ Used Flash Cards	✓ Homework
____ Went to Library	✓ Electronic Educational Gaming	____ Participated in Tutoring/assisted learning activity	Other:

BEHAVIORS:

KEY: H=HOME S=SCHOOL C=COMMUNITY (complete daily)

Primary Symptoms	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Anger Management							
Sexually Inappropriate Behavior							
Physical Aggression							
Poor Conflict Resolution Skills	H	H	H	H	H	H	H
Safety Interventions	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
Privileges taken away	H	H	H	H	H	H	H
Time outs					H	H	H
Talking with an adult							
Rewards							
Coping Skills							
Other:							

***Positive Things My Child Did:**

Additional Comments: (Therapy sessions, DFCS/Family Visits/Visitation; Court; School—ONLY!! Please include dates)

DFCS Contact: _____

School Contact: _____

Family Contact: _____

Therapy/Psychiatrist/Doctor: Dentist ; BA - Sandra Cosby

Independent Living: _____

Court/Legal: Spoke to Mrs. Laura

ALLOWANCE: (For teens 14+ a minimum of $40/month) _____

SFC Parent — Date 8/31/24

Family Consultant — Date