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| **Name of Foster Carer:** |  | **Supervising Social Worker:** |  |
| **Name of Child:** |  | **Child Care Social Worker:** |  |
| **Date of Birth/Age:** |  | **Date Child Placed:** |  |

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| **Month:** |  | **Year:** |  |

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| **Health:** *(e.g. include all illnesses, medical treatment, diet, exercise, CAMHS, injuries, advice accessed, developmental changes, on-going conditions)* |
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| **Education:** *(e.g. include education update, pre-school, schools, college, training, work, homework, PEP, internet access, carers participation in school activity – parents evening etc, additional support needs, achievements, truanting)* |
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| **Family and Social Relationships:** *(e.g. contact, friendships, independent visitor, fostering family)* |
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| **Emotional and Behavioural Development:** *(e.g. emotional wellbeing, distress, challenges in behaviour, behaviour management, positive engagement in pursuits that increase self-esteem, bullying)* |
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| **Identity:** *(e.g. positive promotion of culture, disability, gender, religion, age, sexuality, life story work)* |
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| **Social Presentation:** *(e.g. developmental milestones, interaction, social and leisure activities, talents and interests, participation groups, volunteering, absences/absconding)* |
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| **Self-Care Skills:** *(e.g. independence skills – age appropriate, work experience, budgeting, savings, self-protection strategies)* |
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| **Child/Young Person’s Comments:** |
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