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| **Name of Foster Carer:** |  | **Supervising Social Worker:** |  |

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

*This Feedback Log should include information regarding the following; Health, Education, Family and Social Relationships, Emotional and Behavioural Development, Identity, Social Presentation and Self-Care Skills.*

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| **Date:** | **Day’s Events:** | **Recorded By:** |
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| **Child/Young Person’s Comments:** |
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