

# PROGRESS NOTES

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**Foster Youth Name**

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**Reporting Period**

\_\_\_\_\_  
**Family Focus Foster Parent**

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**Family Focus Social Worker**

**BEHAVIORS IN THE FOSTER HOME:** (Relationship with foster parents and siblings, what's going well, what needs to improve):

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**EDUCATION:** (IEP updates, behavioral issues, extra curricular activities, grades, etc.):

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**THERAPY:** (Appointments, Therapeutic Supports to Foster Care, Individual, Group and Family Based Therapy, Behaviors before and after appointments):

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**CONTACTS with BIO/ADOPTED FAMILY:** (Dates, Behaviors before and after including foster parent and bio family interactions):

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**MEDICAL/DENTAL/PSYCHIATRIC APPOINTMENTS:** (Current Meds, Dates, and Reasons for visits)

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**Other Comments:** (Independent Living, Respite, Community Activities, Employment)

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**Please mail or Fax to:**

Family Focus  
204 Oakland Ave. West  
Austin, MN. 55912

Fax #: 507/434-4815

Note: Progress Notes are due two times monthly for the first 3 months of placement and once a month after that.