



# REBUILDING LIVES



*"Supporting The County's Children With Courtesy And Care"*

## Weekly Log Sheet

Rebuilding Lives Foster Family Agency values the input and insight of our Approved Resource Family and respectfully requests that you complete the following form so as to provide valuable information on the child's behaviors throughout the week. This will greatly help Agency social workers in evaluating the minors in placement. Should you have particular questions or comments, do not hesitate to discuss the matter with your assigned social worker.

1. Foster Child: \_\_\_\_\_
2. Week Of: \_\_\_\_\_
3. Overall Behavior:
  - a. Excellent    b. Good    c. Okay    d. Needs Improvement    e. Poor
4. Nighttime Behavior: (include problems sleeping; bedwetting; nightmares)
  - a. Excellent    b. Good    c. Okay    d. Needs Improvement    e. Poor
5. School Behaviors/Problems: (include absences; suspensions & other disciplinary actions)
  - a. Excellent    b. Good    c. Okay    d. Needs Improvement    e. Poor
6. Peer Interactions: (ability to get along with others)
  - a. Excellent    b. Good    c. Okay    d. Needs Improvement    e. Poor
7. Natural Family Contacts: (Include name, date, time and child's reaction to family visitor)
  - a. Excellent    b. Good    c. Okay    d. Needs Improvement    e. Poor
8. Professional Contacts: (includes persons other than ASW- i.e. DCFS worker; psychiatrist; etc.)
  - a. Excellent    b. Good    c. Okay    d. Needs Improvement    e. Poor
9. Medical/Dental Visit: (include name; date, time; and child's reaction to visit)
  - a. Excellent    b. Good    c. Okay    d. Needs Improvement    e. Poor
10. Approved Resource Family Personal Comments: (include personal insight which you may find helpful for ASW)

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