

Progress Report Outline

** All Information must be treated as CONFIDENTIAL between child, and the MCFD Social Worker

Caregivers Name:

Name of Child:

Birth date:

Period of Stay in the Home: from _____ to _____

1. Personal Health and Hygiene:
2. Work and Life Skills:
3. Academic and Cognitive Development:
4. Daily Routines:
5. Relationships with Peers and Authority Figures:
6. Emotional Expression and Coping Behaviours:
7. Child's Behaviours: Comments on:
 - a) Strengths
 - b) Weaknesses
8. Progress and Areas of Concern:
9. Child's Concerns- Please comment on any concerns raised by the child during his stay.
10. Suggestions to future Caregivers: (if applicable)

Caregiver's Signature

Date