

South Carolina Department of Social Services
*** FOSTER CHILD PROGRESS REPORT**

Name of County: Abbeville

Name of Foster Child: _____

Name of Child's Caseworker: _____

I. Child's Health: (Check one) Excellent Good Fair Poor

A. Has the child had any major health problems or hospitalizations during the past six (6) months? Yes No

If yes, explain: _____

B. Does the child currently take medication? Yes No If yes, the list name(s) of the medication(s).

C. Does the child have current health problems? Yes No If yes, explain: _____

II. School Progress: (Check one) Excellent Good Fair Poor

A. What grade is the child in? _____ grade

B. Grades: (Check one) Excellent Good Fair Poor

C. Behavior at School: (Check one) Excellent Good Fair Poor

If behavior is fair or poor, please explain: _____

III. Behavior at Home: (Check one) Excellent Good Fair Poor

A. If behavior is noted as fair or poor, please explain: _____

B. Does the child receive therapy for behavior problem(s)? Yes No

If yes, name of the therapist: _____

C. Child's adjustment to your home: (Check one) Excellent Good Fair Poor

If adjustment is noted as fair or poor, please explain: _____

IV. Visitation:

A. Does the caseworker visit with the foster child in your home? Yes No

B. Are you satisfied with the caseworker's visit? Yes No

If no, please explain: _____

V. Permanent Placement Plan:

A. What is your understanding of the permanent plan for this child? _____

B. If the child becomes eligible for adoption, are you interested in adopting? Yes No

VI. Additional Services:

Are there additional services which are needed by the foster child or by you as the foster parent? Yes No

If yes, please explain: _____

VII. Comments and/or Concerns: _____

Foster Parent Signature

Foster Parent Signature

Date

Date

Please complete and return this form directly to:

Division of Foster Care Review Board
1205 Pendleton Street/Room 436
Columbia, S.C. 29201

*** A separate progress report should be completed for each child.**