



# OYA Foster Youth Monthly Progress Report



The purpose of this form is for OYA foster parents to provide feedback to OYA staff on the current foster youth's progress in your home. Please fill out a separate form for each OYA youth in your care and return it to your OYA Foster Care Certifier no later than the 5<sup>th</sup> of the following month. Thank you for your cooperation and involvement!

Month/Year: \_\_\_\_\_ OYA Foster Home: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Youth's Name \_\_\_\_\_ Parole/Probation Officer: \_\_\_\_\_

**School/Work Progress:** (Briefly describe the youth's progress in school or work. Include overall behavior, interactions with peers, school staff, attendance, suspensions, etc. Is the youth involved in extra curricular activities after school? If the youth works, indicate if any restitution was paid.)

**Treatment Progress/Concerns:** (Is youth attending any treatment? If so, describe: type of treatment, individual or group, number of meetings per week, progress or concerns in treatment. Did youth attend all sessions?)

**Medication Management:** (What medication is the youth on? Is his/hers behavior stable or does he/she need to be re-evaluated? Was youth prescribed any new medication this month? Did youth miss/refuse any medications during this period? If so, was an Incident Report completed? If not on medication, indicate N/A, or No Change.)  No Change  Not on Meds.

**Recreation Activities/Participation:** (Did youth participate in any recreational activities this month? Include activities provided by the foster parent such (i.e. movies, sports, shopping, bowling, camping, golfing, fishing, etc.)

**Independent Living Skills:** (Did youth learn any new skills this month? (i.e. cooking, grocery shopping, budgeting/saving money, job searching, etc) List skills. )

**Behavior/Social Interactions:** (How did youth interact with other youth in home & with foster parents? Include youth's interactions with biological parents, JPPO's etc. Indicate interventions used by foster parent to address negative behaviors in the home or community.)

**Other Comments/Concerns:** (Please note any other significant issues or concerns this month. Document if youth had home visits and how the visits went. Include any appointments with youth's doctor or dentist.)

**Overall Behavior/Progress towards goals:**  Excellent  Good  Fair  Poor