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|  | **OYA FOSTER CARE YOUTH****MONTHLY PROGRESS REPORT** | State of OregonOREGON YOUTH AUTHORITY |

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

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| 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?)

**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 their behavior stable or do they 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, Religious and Cultural Activities/Participation:** (Did youth participate in any of these activities this month? Include activities provided by the foster parent.)

**Independent Living Skills:** (What new skills did the youth learn and/or demonstrate this month? (e.g., cooking, grocery shopping, budgeting/saving money, job searching, etc).

**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. What has the youth done well this month and how did the foster parent acknowledge the behavior?)

**Youth Finances/Restitution/Community Service:** (How much allowance was given to the youth this month? If the allowance was held back, how much and why? How much money does the youth have? How much restitution was paid this month (if applicable) and what is the remaining balance? How many community service hours did the youth complete this month (if applicable) and how many hours do they have left to complete?)

**Other Comments/Concerns:** (Please note any other significant events this month. Document if youth had home visits and how the visits went. Include any appointments with youth's doctor or dentist. Also include if the youth had contact with their JPPO and if it was by phone, virtual or in person.)

**Overall Behavior/Progress Toward Goals:** [ ]  Excellent [ ]  Good [ ]  Fair [ ]  Poor