## **Foster Caregiver Progress Form**

Your First and Last Name(s):

First and Last Name of the Child:

**Instructions:** This form gives you the opportunity to provide valuable information about how the child in your care is doing and exercise your legal right to be heard in court. You are encouraged to complete and submit this form to your DCFS case worker before the child's next court hearing. Please type or write clearly in ink and complete a separate form for each child. Provide any current information you consider relevant since the child was placed in your care. You may write on the back of this form if needed. DCFS will submit the form to the court and make sure all parties involved in this case get a copy of the form.

(1) How is the child doing in your home (strengths and weaknesses)?

(2) What strengths, interests, hobbies, or talents does the child have, and activities or sports does he/she participate in or want to participate in? What help is needed to support these?

(3) Please list any medical, dental, mental health, or developmental progress or challenges:

(4) Please list any childcare or educational successes or challenges:

(5)	Do you have any	y feedback at	pout the child's	visits with	parents (i.e.,	transportation,	schedule,
	behaviors of the	child that yo	ou observed)?				

(6) Is information about the child being shared between you and the child's parent(s) (i.e., medical appointments, school functions, and/or other activities the child is involved in)? \_\_\_\_ No \_\_\_ Yes. If no, why? \_\_\_\_\_

(7) Do you have any of the child's siblings in your home? If not, briefly describe how sibling visitation is going.

(8) Is there any information or resources that you need to better care for the child?

## SIGNATURE(S) OF FOSTER CAREGIVER(S) WHO COMPLETED FORM

DATE SIGNED

## FOR OFFICIAL USE ONLY

First and Last Name and Title of Recipient of Form:	Date Form Received:
Name of Court:	Docket Number:
Name of Judge:	Court Date: