***To be used for recording in respect of individual children and young people to be completed weekly for all new placements and those children whose plan and behavioural patterns have changed.***

***For long-term placement to be completed monthly but increase recording weekly where there is change in the plan, placement or behaviour.***

Name Of Child/Young Person: DOB:

Name of Foster Carer(s):

Name of Supervising Social Worker:

Date of recording week /month:

1) **Health:** – *Any health issues, hospital or doctors appointments.*

Please state how you are managing any health issues. Are you following the advice given to Professional medic and communicating with the child’s social worker.

 Dental Appt Date *(please record date of last appointment)*

2) **Education:** – *attendances, achievement, support and attending meetings e.g. PEP, reported difficulties. How have you supported the child to achieve socially and academically?*

3) **Emotional /Behavioural Development: -** *comments on general development including positive observations, concerns or worries. Any issues raise through direct therapeutic work, (Ie) Work from Barnford. How do you respond to the child’s positive or non- positive behaviour?*

4) **Self Esteem / Identity-** *How are you promoting child/children’s* *knowledge and confidence?*

5) **Contact with family members and / or friends**: - *details of meetings, telephone calls, direct contact*

6) **Leisure**: – *organised activities, hobbies, and interests. How does the child spend his/her pocket money.*

7) **Respite / Support:** – *Details of children receiving respite support.*

8) **Independence Training** – *any areas being worked at towards independence.*

9) **Critical incidents / other comments** – *any significant events, accidents that require urgent attention – general comments* *Incident Sheet must be completed by carers and pass to SSW.*

### Carer signature;

## *Date*

### SW Name

***Date***

**SSW Name**

**Date**

**Version 3, January 2020**