

CAREGIVER MONTHLY REPORT

REPORT FOR THE MONTH OF: _____ YEAR: _____

Caregiver: _____

Resource SW: _____

CHILD: _____ **DOB:** _____ **Legal Status:** _____

Child's SW: _____

HEALTH

Please comment on any current issues including but not limited to the following:

- injuries, infections, allergies, respiratory problems, bed wetting / soiling, chronic / genetic developments, coordination / motor skills, medications, emotional / psychological state, sleep patterns
- doctor, dentist, optometrist, audiologist, speech therapist, occupational therapist or other specialist appointments (who, when, where)

EDUCATION / WORK / DAY PROGRAM

Please comment on any concerns or changes including but not limited to the following:

- attendance at school or daycare, learning difficulties, disabilities, behaviour, participation, academic strengths / weaknesses, school staff involvement

FAMILY AND SOCIAL RELATIONSHIPS

Please comment on any contact / visits including but not limited to the following:

- family visits, frequency, regularity (who, when, where), child's emotional state before / after, visitors emotional state before / after, supervision, transportation and location
- safety concerns for child (abusive threatening language / behaviours)
- recreation / extracurricular activities

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CULTURAL EVENTS

- family events, ceremonies, religious services
- community / ethnic events, festivals
- language instruction, learning events, meals

RELIEF or APPROVED WEEKEND WITH FAMILY / OTHERS

Please provide full name of who provided care, date, and location. Please ensure both Criminal Record Check and the Relief Care Provider Assessment Checklist are on file when required.

Full Name	Date	Location

LEGAL

Please comment on any police involvement, warnings, charges, or time in custody. Include location, date, and who was involved. Provide file number if available. Attach additional paper as necessary.

Info provided to: Resource SW Child's SW date: _____

AWOLS

Please note the date and time the child left and returned, and who was notified. Attach additional paper as necessary.

Date and time left	Reported to	Date and time returned

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CAREGIVER OBSERVATIONS

Please comment on the observable behaviours of the child, note changes (increase / decrease) in behaviours, routines or circumstances:

- verbal / physical / sexual / self destructive behaviours
- alcohol / drug use
- self – care / coping skills
- interaction with others
- care of physical space

APPOINTMENTS WITH PROFESSIONALS

Persons involved with the home / child on a regular basis (I.E. Resource SW, Child’s SW, Probation Officer, Doctor, Specialist, Counsellor, Infant Programs, School Staff etc):

DATE	AGENCY	ROLE	NAME	CONTACT #

ADDITIONAL COMMENTS / SPECIAL ALERTS

Caregiver’s Signature

Date

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