

Kamali'i Foster Family Agency

WEEKLY LOG SHEET

Kamali'i Foster Family Agency values the input and insight of our certified parents and respectfully requests that you complete the following form so as to provide valuable information on the child's behaviors throughout the week. This will greatly help Agency social workers in evaluating the minors in placement. Should you have particular questions or comments, do not hesitate to discuss the matter with your assigned social worker

1. Foster Child: _____

2. Week Of: _____

3. Overall Behavior:

4. Nighttime Behavior: (include problems sleeping; bedwetting; nightmares)

5. School Behaviors/Problems: (include absences; suspensions & other disciplinary actions)

6. Peer Interactions: (ability to get along with others)

7. Natural Family Contacts: (Include name, date, time and child's reaction to family visitor)

8. Professional Contacts: (includes persons other than ASW- i.e. DCFS worker; psychiatrist; etc.)

9. Medical/Dental Visit: (include name; date, time; and child's reaction to visit)

10. Foster Parent's Personal Comments: (include personal insight which you may find helpful for ASW)
