

Name of Child/ren: _____

Name of Foster Parent: _____

Name of Child's Social Worker: _____

Date: _____

Family Foster Care Provider Monthly Progress Report

What went well with the child/ren?

What concerns or worries do you have regarding the child/ren or the placement?

Please list dates of past month and report any significant info from appointments such as visitation, medical, dental, therapy, school, etc.:

What upcoming appointments and events are coming up that we need to be aware of either with the child/ren or your foster family:

On a scale of 0 – 10, where zero is “I cannot continue to provide care for this child/ren”, and 10 is “I can continue to work with the child/ren until reunification or permanency”; where would you rank your position? _____

What led you to rank it there?

What do you need that would lead you to rank it higher? (for example: support, resources, more info, training)

Please see reverse side for more information

Please mail monthly report form to:

In South St. Louis/Duluth:

Your licensor's name
320 West Second Street
GSC Room #510
Duluth, MN 55802-1495

Email:

Richard Benson benisonr@stlouiscountymn.gov
Debby Henkin henkind@stlouiscountymn.gov
Julie Fredrickson fredricksonj@stlouiscountymn.gov
Jackie Cook cookj@stlouiscountymn.gov
Liz Siebenaler siebenalere@stlouiscountymn.gov

In North St. Louis/Virginia

Your licensor's name
Northland Office Center
307 South First Street
Virginia, MN 55792

Email:

Kathy Carlson carlsonk@stlouiscountymn.gov
Joni Maki makij@stlouiscountymn.gov

Feel free to add additional information here: