

FOSTER CAREGIVER WRITTEN RECORD OF BEHAVIOR

5101:2-7-16 (6) / 5101:2-5-13 (16)g

NAME:	DATE:	Foster Parent Signature:
		Staff Signature/Date:

~Please check each behavior (yes) or (no)

BEHAVIOR	DESCRIPTION	Deadline	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Up on time									
Completed AM home responsibilities									
Attended School									
Appropriate school behavior									
Homework completed									
Daily home responsibilities completed									
Completes tasks without talking back									
Uses only appropriate language									
Used appropriate anger techniques									
Respectful of others									
Arrives home from school on time									
good behavior on school bus									
accepts direction from caregiver									
Completes pm home responsibilities									
accepts consequences for									
tells adults of activities ahead of time									
completes bedtime routine									
takes medication									
Appropriate in social setting									

* BEHAVIORS MUST ALSO REFLECT INDIVIDUAL TREATMENT GOALS ACCORDING TO SERVICE PLAN

*ADD COMMENTS ON BACK SIDE AS NEEDED

(Rev. 2/2/04)