

RENAISSANCE FAMILY SERVICES
Monthly Summary

Please fill out this form with information regarding the previous month. This documentation can be used to maintain/increase a child's level of service, inform interventions we recommend, and ensure that the child in your home receives the best care possible!

Child's Information	
Child Name:	
Month/Year:	
Child Date of Birth:	
Foster/Adoptive/Kinship Home Name:	
Renaissance Case Manager:	

Strengths/Interests/Personality
Please describe the child's strengths, interests, and personality over the past month:

Visitation			
Please fill out the table below listing any visits the child had with their parents, siblings, or family in the past month. Feel free to add more rows if needed.			
Date	Who was present?	Location	Summary

Intellectual & Developmental
What is the child's current intellectual and developmental goal(s) in their service plan:

Please describe any progress/regression the child has made in their goal(s) as well as anything else that should be noted regarding the intellectual or developmental standing in the past month.

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Education (if applicable)	
School/Daycare:	
Grade:	

What is the child's current educational goal(s) in their service plan:

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Please describe any progress/regression the child has made in their goal(s) as well as anything else that should be noted regarding their schooling in the past month:

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Emotional/Therapy/Psychological

What is the child's current emotional/therapy/psychological goal(s) in their service plan:

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Please describe any progress/regression the child has made in their goal(s) as well as anything else that should be noted regarding their emotions, therapy, or psychological standing in the past month:

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Behavior Management

What is the child's current behavior management goal(s) in their service plan:

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Please describe any progress/regression the child has made in their goal(s) as well as anything else that should be noted regarding their behavior in the past month:

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Health Care Summary

Please fill out the table below listing any medical/dental/therapeutic visits the child had in the past month. Feel free to add more rows if needed.

Date	Type of Appt.	Provider Name	Outcome/ Any Follow-Up Need?

What is the child's current health care goal(s) in their service plan:

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Please describe any progress/regression the child has made in their goal(s) as well as anything else that should be noted regarding their health in the past month:

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Supervision (if applicable)

What is the child's current supervision goal(s) in their service plan:

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Please describe any progress/regression the child has made in their goal(s) as well as anything else that should be noted regarding their supervision in the past month:

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Social & Recreational

What is the child's current social and recreational goal(s) in their service plan:

Please describe any progress/regression the child has made in their goal(s) as well as a summary of what they child has been doing for socialization/recreation in the past month:

Transitioning to Successful Adulthood (if applicable)

What is the child's current transitioning to successful adulthood goal(s) in their service plan. Please note, your child may have two service plan sections that describe this transition if they are 14 years or older:

Please describe any progress/regression the child has made in their goal(s) as well as anything else that should be noted regarding their transition to adulthood in the past month:

High-Risk Behavior (if applicable)

What is the child's current high risk behavior goal(s) in their service plan:

Please describe any progress/regression the child has made in their goal(s) as well as anything else that should be noted regarding their high-risk behavior in the past month:

Foster Parent Signature

Date

Staff Signature

Date