

**Behavioral Management Log**

**Child/Youth Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Foster Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I. Behavioral Management**

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| --- | --- | --- |
| **Behavior Checklist** | **Specific Behaviors Exhibited** | **How Foster Parent Intervenes** |
| **Eating Difficulties**  **(Too much, too little)** |  |  |
| **Sleeping Difficulties**  **(Nightmares, Insomnia)** |  |  |
| **Inattentive, Impulsive, Hyperactivity** |  |  |

|  |  |  |
| --- | --- | --- |
| **Developmental/Social Delays**  **-Toilet Training Issues**  **-Hygiene Issues**  **-Grooming/Personal Care** |  |  |
| **Bedwetting** |  |  |
| **Lying** |  |  |
| **Stealing** |  |  |
| **Temper/Tantrums** |  |  |
| **Emotional Difficulties**  **(Crying, Sullen, Depressed/Manic)** |  |  |
| **Self Abusive** |  |  |
| **Fire Setting** |  |  |
| **School Difficulties**  **-Truancy**  **-Disruptive in Class**  **-Socialization**  **-Failing Grades** |  |  |
| **Medical Difficulties**  **-Cerebral Palsy**  **-Asthma**  **-Seizures**  **-Wound Care** |  |  |
| **Sexually Acting Out**  **-Masturbation**  **-Self Exposure**  **-Perpetrating**  **-Inappropriate Boundaries** |  |  |
| **Other (Be Specific)** |  |  |

**II. Therapy/Counseling**

**Does foster parent transport? Yes/No Does foster parent participate in therapy? Yes/No**

**III. Medical Passport**

**(Please list out all medical appointments this month with dates and type of services, if any medications were prescribed, name of medication and reason for taking, follow up appointments/needs)**

**Additional Comments:**

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**Case Worker/Therapist Signature Date**