

**Behavioral Management Log**

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

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

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

**I. Behavioral Management**

|  |  |  |
| --- | --- | --- |
| **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:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Case Worker/Therapist Signature Date**