



New Beginnings Family Services, Inc.
Weekly Behavior Log

Child/Youth Name: _____ Therapeutic Home: _____
 (Last Name, First Name) (Last Name only)

Month: _____/_____/_____ Placement Respite Provider for: _____
 (Family Name)

Week of: Sun. ____/____/____ through Sat. ____/____/____
 (Month / Day / Year) (Month / Day / Year)

Ratings for behaviors of child/youth: 1 – Good 2 – Acceptable 3 – Needs Improvement

<u>Treatment Goal</u>	<u>Sun</u>	<u>Mon</u>	<u>Tue</u>	<u>Wed</u>	<u>Thr</u>	<u>Fri</u>	<u>Sat</u>
	____/____/____ Month/day	____/____/____ Month/day	____/____/____ Month/day	____/____/____ Month/day	____/____/____ Month/day	____/____/____ Month/day	____/____/____ Month/day

Medical Appointments (Dates scheduled and attended); ***Note:** All forms completed by the doctor and prescriptions prescribed are to be **turned in** with monthly paperwork.)

Family Contact: **CHFS Visits:** **Other Visits:**

Date: ____/____/____ Date: ____/____/____ Date: ____/____/____
 Date: ____/____/____ Date: ____/____/____ Date: ____/____/____

Foster Care Consultant Visits: **Therapy Visits:** **Psychiatry Visits:**

Date: ____/____/____ Date: ____/____/____ Date: ____/____/____
 Date: ____/____/____ Date: ____/____/____ Date: ____/____/____

Educational: Tardy Date(s): ____/____/____ ____/____/____ ____/____/____ ____/____/____
 Absence Date(s): ____/____/____ ____/____/____ ____/____/____ ____/____/____

Extra Curricular Activities: ____/____/____ ____/____/____ ____/____/____ ____/____/____

Use of Reasonable and Prudent Parenting: _____

Weekly Summary

Describe in detail on the daily activity and behaviors of the child/youth in the space provided below. Be specific and notate all information deemed necessary to address placement and treatment goals. Please note any use of Reasonable and Prudent Parenting Standards:

Sunday ___/___/___
Monday ___/___/___
Tuesday ___/___/___
Wednesday ___/___/___
Thursday ___/___/___
Friday ___/___/___
Saturday ___/___/___

_____ Foster Parent

_____ Date