|  |
| --- |
|  **Foster Carer Weekly Log**  |
| **Child’s Name**  | **Week Commencing:**  |
| **Monday** |
|  |
| **Tuesday**  |
|  |
| **Wednesday** |
|  |
| **Thursday**  |
|  |
| **Friday** |
|  |
| **Saturday** |
|  |
| **Sunday** |
|  |
| **Expenses** |
| **Pocket Money** | **Previous Balance** | **Amount Given/Spent** | **Brief detail of purchase** | **Amount Saved** | **Current Balance** |
|  |  |  |  |  |
| **Clothing Allowance** | **Previous Balance** | **Amount Given/Spent** | **Brief detail of purchase**  | **Amount Saved** | **Current Balance** |
|  |  |  |  |  |
| **DLA** | **Previous Balance** | **Amount Given/Spent** | **Brief detail of purchase** | **Amount Saved** | **Current Balance** |
|  |  |  |  |  |
| **Please note which area you have been focusing on this week** |
|  |
| **Outcomes and achievements this week**Please include any achievements at school, at home extra-curricular activities **These should be updated weekly for each child/YP.**  |
|  |
| **Niggles** (Please list any niggles made by the young person e.g., not enough tech time, etc.)**These should be updated weekly for each child/YP.** |
|  |

|  |
| --- |
| **Please List and Date the Following as Applicable:****(If it is noted in your notes above please ensure it is noted below)** |
| **Any Medication administered (please list what it is for):** |
| Date(s): | Details: |
|  |  |
| **Have there been any changes to Medication (Started or Stopped).** Please detail what it is for and dates of changes. |
| Date(s): | Details: |
|  |  |
| **How has the young person’s health improved? Please detail:** |
| Date(s): | Improvement |
|  |  |
| **Any Health Appointments:**E.g.: Dentist, opticians, therapy, hospital, GP appointments, etc |
| Date(s): | Details: |
|  |  |
| **Education: Any Absences from School, Detentions or Exclusions:**Please include all relevant details; dates, length, reasons and if the school has been informed of an absence.  |
| Dates(s): | Details: |
|  |  |
| **Has the school been notified of absence**:  |
| **Education:** Any (important) correspondence with school, meetings held, school reports received, timetable notifications (if reduced/increased) or changes of education provision/venue etc: |
|  |
| **Any consequences used:**   |
| Date(s): | Details: |
|  |  |
| **Any Family Contact that has taken place:**Please include information of how behaviours were before, during and after contact.  |
| Date(s): | Details: |
|  |  |
| **Social Worker Visits:**Please include SSW visits. |
| Date(s): | Details: |
|  |  |
| **Any overnight visitors:** |
| Date(s):  | Details:  |
|  |  |
| **Any Incidents or Accidents:**If there has been an incident or accident please remember to complete an incident or accident form and send to your own SSW and the admin@familyfostering.org  |
| Date(s): | Details: |
|  |  |
| **Any incidents of enuresis soiling or Illnesses:** |
| Date(s): | Details: |
|  |  |
| **Details of any upcoming appointments:** Please include medical appointments you have booked, upcoming PEPs, LACs etc |
| Date(s) | Details:  |
|  |  |