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| --- | --- | --- | --- | --- | --- | --- |
| **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.** | | | | | | |
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| --- | --- |
| **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](mailto: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: |
|  |  |