

Department of Children, Adults and Health

**Foster Carers’ Parent and Child Recording Template**

**This record is the story of *(names of parent and child)*’s life with us *(name of foster carers).***

Period of time recording covers:

Date of recording:

Name of the person who wrote the recording:

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| 1. **PARENT’S RESPONSES TO THE CHILD’S NEEDS:** |
| **Feeding** |
| **Bathing** |
| **Clothing** |
| **Routines** |
| **Health e.g. responding to changes, signs and symptoms** |
| **Safety e.g. checking child regularly, ensuring proper equipment is used** |
| **Emotional needs e.g. warmth, affection, responding to crying** |
| **Stimulation e.g. playing, talking, singing** |
| **Degree of prompting required to meet child’s needs** |
| **Ability to cope with stress e.g. if child won’t settle or accept feeding** |

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| 1. **PARENT’S ACHIEVEMENTS AND DIFFICULTIES IN WORKING TOWARDS INDEPENDENCE:** |
| **Budgeting and shopping** |
| **Domestic tasks** |
| **Relationships with partner, or ex-partner, friends and family** |
| **Self-care e.g. eating, sleeping, personal health & hygiene** |
| **Leisure activities** |
| **Education / work** |

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| **GENERAL PROGRESS WITHIN THE FOSTER HOME** |
| **Relationships with carer and carer’s family** |
| **Willingness to work with plan** |

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| **CONTACT WITH PROFESSIONALS** |
| **Any contact with professionals, social workers or health visitors etc** |
| **Any requests for help from professionals** |
| **Any help offered or provided by family members or friends** |

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| **PARENT’S COMMENTS** |
| It is really important that this information is shared with parents and they have an opportunity to comment. If a parent does not wish to comment, then please write “no comment” in the box. |

**Parent’s signature………………………………….………date…………………**