



Child In Care Monthly Report

MONTH: _____ **YEAR:** _____

CHILD: _____

CAREGIVER: _____

CHILD/YOUTH'S SOCIAL WORKER: _____

LE'LUMILH SOCIAL WORKER: _____

INSTRUCTIONS

This report is to be completed by Kw'umut Lelum caregivers once per month. Please note that to maintain the confidentiality of this information, it should not be emailed. A paper copy can be sent to your child/youth's Social Worker through mail, drop-off or fax (250) 591-0935. Please let us know if you have any questions, or if you require assistance with this form.

CHILD

ORGANIZED ACTIVITIES (team sports, individual sports, youth groups, etc.)

Comments:

NON-MEDICAL APPOINTMENTS (probation, school related, sports commitments)

Comments:

CULTURALLY RELEVANT ACTIVITIES (any activities specific to the child's culture)

Comments:

RELIGIOUS ACTIVITIES (attended church, youth group, etc.)

Comments:

SOCIAL WORKER CONTACT (when, where, how often, what purpose, etc.)

Comments:

PLAN OF CARE (is the current one active, overdue, scheduled, being worked on, etc.)

Comments:



HEALTH

DOCTOR (date(s), reasons, outcomes, etc.)

Comments:

DENTIST (date(s), reasons, outcomes, etc.)

Comments:

MENTAL HEALTH (date(s), referral necessary, not applicable, concerns, etc.)

Comments:

OTHER (physiotherapists, infant development, optometrist, nutritionist, etc.)

Comments:

FAMILY & SOCIAL RELATIONS

CONTACT WITH BIRTH AND EXTENDED FAMILY (dates, who, where, why, etc)

Comments:

CONCERNS (family impaired, missed appointments, hostility towards caregiver, etc.)

Comments:



EDUCATION

SCHOOL (attending, absent, issues, progress, meetings attended or scheduled, IEP, parent/caregiver conferences, outcomes from meeting, etc.)

Comments:

PLACEMENT

DIFFICULTIES (child expressing difficulties, caregiver having difficulties, AWOL, etc)

Comments:

SIGNIFICANT EVENTS (celebrations, traumatic events, changes in the home remodelling, change of bedroom, new kids, kids moved, etc.)

Comments:

POSITIVES

Comments:

OFFICE USE ONLY

_____	_____	FILING INSTRUCTIONS
RESOURCE SOCIAL WORKER SIGNATURE	DATE	
_____	_____	CS FILE <input type="checkbox"/>
GUARDIANSHIP SOCIAL WORKER SIGNATURE	DATE	RE FILE <input type="checkbox"/>