

Child's Name: _____

Date of Placement: _____

Foster Parent Report – First Day

• Child's Presentation – Emotional

	Yes	No
Quiet	<input type="checkbox"/>	<input type="checkbox"/>
Tearful	<input type="checkbox"/>	<input type="checkbox"/>
Talkative	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____		

Disclosures (information child has given, not probed)

• Child's Presentation – Physical

Dressed Appropriately
If not, please note what child was wearing

Clean
If not, please describe

Lice
If yes, please describe action taken

• Introduction Into Family

Please describe how you transitioned child into your home

• Bedtime

Bedtime routine – First night, please describe

