

**South Carolina Department of Social Services**  
**\* FOSTER CHILD PROGRESS REPORT**

Name of County: \_\_\_\_\_

Name of Foster Child: \_\_\_\_\_

Name of Child's Caseworker: \_\_\_\_\_

I. Child's Health: (Check one)    Excellent    Good    Fair    Poor

A. Has the child had any major health problems or hospitalizations during the past six (6) months?    Yes    No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

B. Does the child currently take medication?    Yes    No   If yes, the list name(s) of the medication(s).

\_\_\_\_\_

\_\_\_\_\_

C. Does the child have current health problems?    Yes    No   If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

II. School Progress: (Check one)    Excellent    Good    Fair    Poor

A. What grade is the child in? \_\_\_\_\_ grade

B. Grades: (Check one)    Excellent    Good    Fair    Poor

C. Behavior at School: (Check one)    Excellent    Good    Fair    Poor

If behavior is fair or poor, please explain: \_\_\_\_\_

\_\_\_\_\_

III. Behavior at Home: (Check one)    Excellent    Good    Fair    Poor

A. If behavior is noted as fair or poor, please explain: \_\_\_\_\_

\_\_\_\_\_

B. Does the child receive therapy for behavior problem(s)?    Yes    No

If yes, name of the therapist: \_\_\_\_\_

C. Child's adjustment to your home: (Check one)    Excellent    Good    Fair    Poor

If adjustment is noted as fair or poor, please explain: \_\_\_\_\_

\_\_\_\_\_

IV. Visitation:

A. Does the caseworker visit with the foster child in your home?    Yes    No

B. Are you satisfied with the caseworker's visit?    Yes    No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

V. Permanent Placement Plan:

A. What is your understanding of the permanent plan for this child? \_\_\_\_\_

\_\_\_\_\_

B. If the child becomes eligible for adoption, are you interested in adopting?  Yes  No

VI. Additional Services:

Are there additional services which are needed by the foster child or by you as the foster parent?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

VII. Comments and/or Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Foster Parent Signature

\_\_\_\_\_  
Foster Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Please complete and return this form directly to:**

Division of Foster Care Review Board  
1205 Pendleton Street/Room 436  
Columbia, S.C. 29201

**\* A separate progress report should be completed for each child.**