

Unlimited Potential Community Services

Children First Daily Log Report

CHILD'S STATUS (Please circle)

AO

CA

TGO

PGO

Child's Name: _____

Week of: _____

| BEHAVIORS (YES or NO) | MON | TUES | WED | THURS | FRI | SAT | SUN |
|------------------------------|------------|-------------|------------|--------------|------------|------------|------------|
| Good Peer Interaction | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No |
| Argumentative | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No |
| Aggressive/Self Injurious | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No |
| Stealing | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No |
| Lying | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No |
| Non-Compliant | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No |
| Incident Form Completed | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No |
| OTHER: | | | | | | | |

| SOCIAL SKILLS (YES or NO) | MON | TUES | WED | THURS | FRI | SAT | SUN |
|----------------------------------|------------|-------------|------------|--------------|------------|------------|------------|
| Following Instruction | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No |
| Expressing appropriately | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No |
| Accepting Feedback | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No |
| Accepting Consequence | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No |
| OTHER: | | | | | | | |

| IMAGE SKILLS (YES or NO) | MON | TUES | WED | THURS | FRI | SAT | SUN |
|-----------------------------------|------------|-------------|------------|--------------|------------|------------|------------|
| Shower/Bath | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No |
| Hygiene (hair, nails, teeth etc.) | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No |
| Dresses appropriately | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No |
| Chores Completed | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No |
| Healthy Meal | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No |
| OTHER: | | | | | | | |

| HEALTH (YES or NO) | MON | TUES | WED | THURS | FRI | SAT | SUN |
|----------------------------------|------------|-------------|------------|--------------|------------|------------|------------|
| Health (No Concerns) | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No |
| Allergies | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No |
| Attend Dr.'s Appt. / Day Program | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No |

COMMENTS: (Issues, Concerns, Events)

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

COMMENT ON THE WEEK

Foster Parent Signature