

TREATMENT FOSTER HOME LOG (LOBES)

Evaluation period dates: _____

Child: _____

Placement Date: _____

School: _____

Grade: _____

Foster Parent: _____

Current Medication:

Treatment Team:

Scheduled Meetings/Appointments: (Date/time/with whom/& where)

Skills Taught: (date/time/from whom/ & where)

Scheduled Birth Family Contacts/Visitations: (Date/time/with whom & where)

Scheduled Respite: (Date/time/with whom & where)

School Behavior & Performance:

Problems, Concerns, and U.I.R.'s:

Positive Feedback Regarding Child:

Summary: (e.g.: to include family activities/misc. information not covered on form)