SHARED FAMILY CARE
Monthly Progress Report

Participant’s Name ________________________  Mentor’s Name ______________________

Person completing report _____________________________ Date: ___/___/___

Please think back over the past week. For each statement, circle the number that best corresponds to your (the participant’s) behavior during the past week.

(0) Not applicable
(1) No/Never
(2) Not often
(3) Sometimes
(4) Often/Most of the time
(5) Yes/Always

Child Care & Safety
1. Kept children clean and dry. 0 1 2 3 4 5
2. Made sure child(ren) received proper medical/dental care. 0 1 2 3 4 5
3. Fed child(ren) at regularly scheduled times. 0 1 2 3 4 5
4. Changed child’s diapers in a timely fashion. 0 1 2 3 4 5
5. Dressed children in seasonally appropriate clothes. 0 1 2 3 4 5
6. Met child’s needs promptly. 0 1 2 3 4 5
7. Removed tempting objects and sources of danger from child. 0 1 2 3 4 5

Parenting
8. Kept close contact during feeding. 0 1 2 3 4 5
9. Did not become unduly frustrated with “messy” play or eating habits. 0 1 2 3 4 5
10. Talked to, touched and picked up infant/child. 0 1 2 3 4 5
11. Set aside special time to spend with child. 0 1 2 3 4 5
12. Played simple games with child. 0 1 2 3 4 5
13. Used a consistent, friendly but firm approach with child(ren) and refrained from using physical punishment. 0 1 2 3 4 5
14. Made eye-to-eye contact with child. 0 1 2 3 4 5
15. Encouraged child’s verbalizations and expression of wants. 0 1 2 3 4 5
16. Instructed/taught the child. 0 1 2 3 4 5
17. Read stories to child. 0 1 2 3 4 5
18. Offered encouragement to child. 0 1 2 3 4 5
19. Showed affection toward child. 0 1 2 3 4 5
20. Laughed with/smiled at child. 0 1 2 3 4 5
21. Gave simple explanations in response to child’s questions. 0 1 2 3 4 5
22. Made clear, specific and reasonable requests of child. 0 1 2 3 4 5
23. Showed approval of child’s obedience and positive behavior through praise and encouragement. 0 1 2 3 4 5
24. Showed patience with child to appropriate degree. 0 1 2 3 4 5
25. Allowed child to make mistakes. 0 1 2 3 4 5

**Self-Care & Household Management**

26. Said something positive about self. 0 1 2 3 4 5
27. Talked to a friend. 0 1 2 3 4 5
28. Engaged in a positive/healthy activity. 0 1 2 3 4 5
29. Got enough rest. 0 1 2 3 4 5
30. Ate regularly and in a healthy way. 0 1 2 3 4 5
31. Asked for help when needed. 0 1 2 3 4 5
32. Gathered information from community resource. 0 1 2 3 4 5
33. Openly communicated with mentor (including sharing concerns/problems). 0 1 2 3 4 5
34. Followed mentor house rules. 0 1 2 3 4 5
35. Complied with service plan. 0 1 2 3 4 5
36. Developed weekly budget. 0 1 2 3 4 5
37. Developed/maintained healthy routine (including shopping, laundry, meal planning, etc.). 0 1 2 3 4 5
38. Received feedback from mentor without becoming defensive. 0 1 2 3 4 5
39. Prepared appropriate meals for self and child. 0 1 2 3 4 5
40. On a scale of 1-7 (with 7 being very stressed), rate your general stress level. _______

Other comments: