

**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

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|--|---|---|---|---|---|---|
| 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: