

## INFORMATION YOU NEED TO KNOW ABOUT YOUR CLIENT

1. Out of Home Placement
  - How the client is doing in your home with chores, activities, and behavior?
2. Therapeutic Services
  - How the client is doing in therapy?
  - The Therapists Name
  - The Time & Day of Therapy
  - What the client is working towards in therapy?
3. Skills Development Goal
  - How the client is doing in the home with developing a skill?
4. Educational Plan
  - What School the client goes to?
  - What grade your client is?
  - How the client is doing in school?
  - Who a contact person is?
5. Tracking Services
  - Who the tracker is?
  - How often does the tracker visit the client?
6. Health Services
  - The date of the last well child check (once per year) – Who is the physician?
  - The date of the last dental exam (two times per year) – Who is the physician?
  - Is the client taking medications? If YES the name of the medication, dosage, and time.
  - Who is the psychiatrist? The date of last visit.
7. Visitation Plan
  - Is there family visitation? If Yes how is it affecting the child's behavior in the home.