north star
family center
6051 N. Fresno Street Suite #103
Fresno, CA 93710
Phone: (559) 226-2273 Fax: (559)226-2127

CHILD'S MONTHLY SUMMARY REPORT

Child's Name: _____ DOB: _____

Month/Year: _____

Medical
Physician Appointment/Date/Dr. Name/Reason:
Dental Appointment/Date/Dr. Name/Reason:
Vision Appointment/Date/Dr. Name/Reason:
Weight:
Bumps & Bruises

Date	Time	Incident	Treatment	Signature

Therapy/Counseling
Clinic:
Therapist:
Appointment Dates:
Additional Information:
Psychotropic Medications: YES ☐ NO ☐ Name of Medication:

Resource Parent Name: _____ **Signature:** _____

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CHILD'S MONTHLY SUMMARY REPORT

Child's Name: _____ DOB: _____

Month/Year: _____

PROGRESS NOTES
School Note
School: Grade:
Progress:
Additional Information:

Social/Extracurricular/Community Activities:

Behavioral Issues/Incidents

Resource Parent Name: _____ **Signature:** _____

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CHILD'S MONTHLY SUMMARY REPORT

Child's Name: _____ DOB: _____

Month/Year: _____

Biological Family Contact			
Date of Contact	With Whom	Type	Narrative

Additional Information:

Resource Parent Name: _____ **Signature:** _____

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CHILD'S MONTHLY SUMMARY REPORT

Child's Name: _____ DOB: _____

Month/Year: _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM:	**AM:**	**AM:**	**AM:**	**AM:**	**AM:**	**AM:**
PM:	**PM:**	**PM:**	**PM:**	**PM:**	**PM:**	**PM:**
Activities:	**Activities:**	**Activities:**	**Activities:**	**Activities:**	**Activities:**	**Activities:**