

EXIT REPORT

Client		Region	<input type="checkbox"/> PGO <input type="checkbox"/> TGO	Age	Date of Birth
			<input type="checkbox"/> CA <input type="checkbox"/> PGA		
ID#	AHC #	Ethnic Origin (Band, Treaty # I/A)			
Date of Intake at current placement		Planned Transition Date		Actual Transition Date	
Caseworker		Phone		Fax	
Foster Care Support Worker		Phone		Fax	
Current Placement / Contact Person		Phone		Fax	
Receiving Placement / Contact Person		Phone		Fax	

PERSONAL DOCUMENTS: Check items that apply to the child and give details below.

<input type="checkbox"/> SIN (Social Insurance Card)	<input type="checkbox"/> Drivers / Learners Permit	<input type="checkbox"/> Government ID	<input type="checkbox"/> Passport
<input type="checkbox"/> Recreation Membership	<input type="checkbox"/> Activity Pass (ie Swimming, Skiing)	<input type="checkbox"/> Other	

1. HEALTH RECORD: Note any **Medical, Dental or Optical** doctors, include when next appointments are needed, or are already booked:

Key Health Concerns: Note any critical medical health concerns ~ e.g., HEP C			
Doctor's Name	Address/Phone	Doctor type Medical, Dental, Optical	Next appointments due or booked, Comments

Professional Involvement: Therapist, Psychiatrist, CASA, etc.			
Professional's Name	Address/Phone	Type of Involvement	Next appointments due or booked, Comments

Prescription Name	Prescribed by	Pharmacy	Details; Renewals, Comments

2. ACADEMIC PROGRESS and RECORD:

Note: current school & grade; type of program child is enrolled in; child's interest in school; attendance; grades; learning issues; homework; successful strategies, concerns, etc.

3. BEHAVIOURAL ISSUES & PROGRESS:

Note: Any diagnosis related to a child's function: e.g., Autism, FASD, Mood Disorders, Conduct Disorders etc.

Areas: sleep problems; eating issues; coping with stress; coping with discipline; anger management; depression or sadness; attachment; types of behaviour interventions used with this child; successful strategies; unsuccessful strategies, etc.

4. CULTURE:

Child's culture of origin; cultural activities; connections etc.

5. FAMILY OF ORIGIN:

Are there ongoing visits with biological/family of origin; telephone contacts; communication between staff and child's family of origin; nature of relationship, strengths, issues, etc.

6. LIFESKILLS PROGRESS:

Note strengths, and areas to grow in: hygiene; chores; allowance / money; self-esteem; communication; self-care; strengths, issues/concerns etc.

7. RECREATION ACTIVITIES:

List activities the child is involved in (including location, dates, etc.); participation and interest; strengths, issues/concerns etc.

8. RELATIONSHIPS:

Names of the child's significant friends; identify relationships you feel would be beneficial to maintain (adult or peer); how does the child react in the community; relationships within the home; child's attitude to pets; relationships with men, women; dealing with authority etc.

9. TRANSITION TO INDEPENDENCE PROGRESS:

List or summary of tasks accomplished towards independence; Work ethic; Job-seeking; Nutrition & cooking; laundry, budgeting etc.

10. SUMMARY:

Please document anything else you feel is relevant, but not documented in previous categories. Also, consider sharing how you feel the child will fit into the new home, and what strategies may be helpful.

11. Any Follow Up Required:

Please document any other issues which are outstanding and still require follow up.

Completed by:
(signature)

Name
(printed)

Date:

Role

