**JANUARY 2023 Foster Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Sun** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** |
| --- | --- | --- | --- | --- | --- | --- |
| Notes:**Remember to Log**ARD Meetings; doctor, dentist, therapy & psych appointments; church activities; extracurricular activities; recreation/outings/trips; PAL; family visits**Remember to Include**activity; time frame; children participating (if more than one, use initials);list the person supervising; list therapeutic value # (see key below) |  |  |  |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 |  |  |  |  |

**THERAPEUTIC VALUES:** *for each activity listed above, place the number(s) that explain the therapeutic benefit(s) of the activity*

 1. Exercise/physical fitness 7. Religious/spiritual growth

 2. Reduce stress/anxiety and increase relaxation 8. Promotes healthy attachment to biological family members

 3. Increase/improve social interaction with peers 9. Promotes healthy attachment to foster parents and/or foster siblings

 4. Increase/improve social interaction with adults 10. Provides opportunity for healthy self-expression/creativity

 5. Educational 11. Promotes self-esteem/opportunity for sense of accomplishment

 6. Outside play 12. Promotes independence/practicing life skills

\*Children shall participate in daily routines and activities at levels of supervision set out in their Plan of Service or if under a safety plan, within parameters of an ongoing safety plan.

**February 2023 Foster Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Sun** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** |
| --- | --- | --- | --- | --- | --- | --- |
| Notes:**Remember to Log**ARD Meetings; doctor, dentist, therapy & psych appointments; church activities; extracurricular activities; recreation/outings/trips; PAL; family visits**Remember to Include**activity; time frame; children participating (if more than one, use initials);list the person supervising; list therapeutic value # (see key below) |  |  |  |
|  |  |  | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 |  |  |  |  |

**THERAPEUTIC VALUES:** *for each activity listed above, place the number(s) that explain the therapeutic benefit(s) of the activity*

 1. Exercise/physical fitness 7. Religious/spiritual growth

 2. Reduce stress/anxiety and increase relaxation 8. Promotes healthy attachment to biological family members

 3. Increase/improve social interaction with peers 9. Promotes healthy attachment to foster parents and/or foster siblings

 4. Increase/improve social interaction with adults 10. Provides opportunity for healthy self-expression/creativity

 5. Educational 11. Promotes self-esteem/opportunity for sense of accomplishment

 6. Outside play 12. Promotes independence/practicing life skills

\*Children shall participate in daily routines and activities at levels of supervision set out in their Plan of Service or if under a safety plan, within parameters of an ongoing safety plan.

**MARCH 2023 Foster Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Sun** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** |
| --- | --- | --- | --- | --- | --- | --- |
| Notes:**Remember to Log**ARD Meetings; doctor, dentist, therapy & psych appointments; church activities; extracurricular activities; recreation/outings/trips; PAL; family visits**Remember to Include**activity; time frame; children participating (if more than one, use initials);list the person supervising; list therapeutic value # (see key below) |  |  |  |
|  |  |  | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | 31 |  |

**THERAPEUTIC VALUES:** *for each activity listed above, place the number(s) that explain the therapeutic benefit(s) of the activity*

 1. Exercise/physical fitness 7. Religious/spiritual growth

 2. Reduce stress/anxiety and increase relaxation 8. Promotes healthy attachment to biological family members

 3. Increase/improve social interaction with peers 9. Promotes healthy attachment to foster parents and/or foster siblings

 4. Increase/improve social interaction with adults 10. Provides opportunity for healthy self-expression/creativity

 5. Educational 11. Promotes self-esteem/opportunity for sense of accomplishment

 6. Outside play 12. Promotes independence/practicing life skills

\*Children shall participate in daily routines and activities at levels of supervision set out in their Plan of Service or if under a safety plan, within parameters of an ongoing safety plan.

**APRIL 2023 Foster Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Sun** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** |
| --- | --- | --- | --- | --- | --- | --- |
| Notes:**Remember to Log**ARD Meetings; doctor, dentist, therapy & psych appointments; church activities; extracurricular activities; recreation/outings/trips; PAL; family visits**Remember to Include**activity; time frame; children participating (if more than one, use initials);list the person supervising; list therapeutic value # (see key below) |  |  | 1 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 |  |  |  |  |  |  |

**THERAPEUTIC VALUES:** *for each activity listed above, place the number(s) that explain the therapeutic benefit(s) of the activity*

 1. Exercise/physical fitness 7. Religious/spiritual growth

 2. Reduce stress/anxiety and increase relaxation 8. Promotes healthy attachment to biological family members

 3. Increase/improve social interaction with peers 9. Promotes healthy attachment to foster parents and/or foster siblings

 4. Increase/improve social interaction with adults 10. Provides opportunity for healthy self-expression/creativity

 5. Educational 11. Promotes self-esteem/opportunity for sense of accomplishment

 6. Outside play 12. Promotes independence/practicing life skills

\*Children shall participate in daily routines and activities at levels of supervision set out in their Plan of Service or if under a safety plan, within parameters of an ongoing safety plan.

**MAY 2023 Foster Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Sun** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** |
| --- | --- | --- | --- | --- | --- | --- |
| Notes:**Remember to Log**ARD Meetings; doctor, dentist, therapy & psych appointments; church activities; extracurricular activities; recreation/outings/trips; PAL; family visits**Remember to Include**activity; time frame; children participating (if more than one, use initials);list the person supervising; list therapeutic value # (see key below) |  |  |  |
|  | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | 31 |  |  |  |

**THERAPEUTIC VALUES:** *for each activity listed above, place the number(s) that explain the therapeutic benefit(s) of the activity*

 1. Exercise/physical fitness 7. Religious/spiritual growth

 2. Reduce stress/anxiety and increase relaxation 8. Promotes healthy attachment to biological family members

 3. Increase/improve social interaction with peers 9. Promotes healthy attachment to foster parents and/or foster siblings

 4. Increase/improve social interaction with adults 10. Provides opportunity for healthy self-expression/creativity

 5. Educational 11. Promotes self-esteem/opportunity for sense of accomplishment

 6. Outside play 12. Promotes independence/practicing life skills

\*Children shall participate in daily routines and activities at levels of supervision set out in their Plan of Service or if under a safety plan, within parameters of an ongoing safety plan.

**JUNE 2023 Foster Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Sun** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** |
| --- | --- | --- | --- | --- | --- | --- |
| Notes:**Remember to Log**ARD Meetings; doctor, dentist, therapy & psych appointments; church activities; extracurricular activities; recreation/outings/trips; PAL; family visits**Remember to Include**activity; time frame; children participating (if more than one, use initials);list the person supervising; list therapeutic value # (see key below) | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 |  |
|  |  |  |  |  |  |  |

**THERAPEUTIC VALUES:** *for each activity listed above, place the number(s) that explain the therapeutic benefit(s) of the activity*

 1. Exercise/physical fitness 7. Religious/spiritual growth

 2. Reduce stress/anxiety and increase relaxation 8. Promotes healthy attachment to biological family members

 3. Increase/improve social interaction with peers 9. Promotes healthy attachment to foster parents and/or foster siblings

 4. Increase/improve social interaction with adults 10. Provides opportunity for healthy self-expression/creativity

 5. Educational 11. Promotes self-esteem/opportunity for sense of accomplishment

 6. Outside play 12. Promotes independence/practicing life skills

\*Children shall participate in daily routines and activities at levels of supervision set out in their Plan of Service or if under a safety plan, within parameters of an ongoing safety plan.

**JULY 2023 Foster Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Sun** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** |
| --- | --- | --- | --- | --- | --- | --- |
| Notes:**Remember to Log**ARD Meetings; doctor, dentist, therapy & psych appointments; church activities; extracurricular activities; recreation/outings/trips; PAL; family visits**Remember to Include**activity; time frame; children participating (if more than one, use initials);list the person supervising; list therapeutic value # (see key below) |  |  | 1 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | 31 |  |  |  |  |  |

**THERAPEUTIC VALUES:** *for each activity listed above, place the number(s) that explain the therapeutic benefit(s) of the activity*

 1. Exercise/physical fitness 7. Religious/spiritual growth

 2. Reduce stress/anxiety and increase relaxation 8. Promotes healthy attachment to biological family members

 3. Increase/improve social interaction with peers 9. Promotes healthy attachment to foster parents and/or foster siblings

 4. Increase/improve social interaction with adults 10. Provides opportunity for healthy self-expression/creativity

 5. Educational 11. Promotes self-esteem/opportunity for sense of accomplishment

 6. Outside play 12. Promotes independence/practicing life skills

\*Children shall participate in daily routines and activities at levels of supervision set out in their Plan of Service or if under a safety plan, within parameters of an ongoing safety plan.

**AUGUST 2023 Foster Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Sun** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** |
| --- | --- | --- | --- | --- | --- | --- |
| Notes:**Remember to Log**ARD Meetings; doctor, dentist, therapy & psych appointments; church activities; extracurricular activities; recreation/outings/trips; PAL; family visits**Remember to Include**activity; time frame; children participating (if more than one, use initials);list the person supervising; list therapeutic value # (see key below) |  |  |  |
|  |  | 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | 31 |  |  |

**THERAPEUTIC VALUES:** *for each activity listed above, place the number(s) that explain the therapeutic benefit(s) of the activity*

 1. Exercise/physical fitness 7. Religious/spiritual growth

 2. Reduce stress/anxiety and increase relaxation 8. Promotes healthy attachment to biological family members

 3. Increase/improve social interaction with peers 9. Promotes healthy attachment to foster parents and/or foster siblings

 4. Increase/improve social interaction with adults 10. Provides opportunity for healthy self-expression/creativity

 5. Educational 11. Promotes self-esteem/opportunity for sense of accomplishment

 6. Outside play 12. Promotes independence/practicing life skills

\*Children shall participate in daily routines and activities at levels of supervision set out in their Plan of Service or if under a safety plan, within parameters of an ongoing safety plan.

**September 2023 Foster Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Sun** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** |
| --- | --- | --- | --- | --- | --- | --- |
| Notes:**Remember to Log**ARD Meetings; doctor, dentist, therapy & psych appts; church activities; extracurricular activities; recreation/outings/trips; PAL; family visits**Remember to Include**activity; time frame; children participating (if more than one, use initials); list the person supervising; list therapeutic value # (see key below) |   |  | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |

**THERAPEUTIC VALUES:** *for each activity listed above, place the number(s) that explain the therapeutic benefit(s) of the activity*

 1. Exercise/physical fitness 7. Religious/spiritual growth

 2. Reduce stress/anxiety and increase relaxation 8. Promotes healthy attachment to biological family members

 3. Increase/improve social interaction with peers 9. Promotes healthy attachment to foster parents and/or foster siblings

 4. Increase/improve social interaction with adults 10. Provides opportunity for healthy self-expression/creativity

 5. Educational 11. Promotes self-esteem/opportunity for sense of accomplishment

 6. Outside play 12. Promotes independence/practicing life skills

\*Children shall participate in daily routines and activities at levels of supervision set out in their Plan of Service or if under a safety plan, within parameters of an ongoing safety plan.

**October 2023 Foster Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Sun** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** |
| --- | --- | --- | --- | --- | --- | --- |
| Notes:**Remember to Log**ARD Meetings; doctor, dentist, therapy & psych appointments; church activities; extracurricular activities; recreation/outings/trips; PAL; family visits**Remember to Include**activity; time frame; children participating (if more than one, use initials);list the person supervising; list therapeutic value # (see key below) |  |  |  |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 |  |  |  |  |

**THERAPEUTIC VALUES:** *for each activity listed above, place the number(s) that explain the therapeutic benefit(s) of the activity*

 1. Exercise/physical fitness 7. Religious/spiritual growth

 2. Reduce stress/anxiety and increase relaxation 8. Promotes healthy attachment to biological family members

 3. Increase/improve social interaction with peers 9. Promotes healthy attachment to foster parents and/or foster siblings

 4. Increase/improve social interaction with adults 10. Provides opportunity for healthy self-expression/creativity

 5. Educational 11. Promotes self-esteem/opportunity for sense of accomplishment

 6. Outside play 12. Promotes independence/practicing life skills

\*Children shall participate in daily routines and activities at levels of supervision set out in their Plan of Service or if under a safety plan, within parameters of an ongoing safety plan.

**November 2023**

 **Foster Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Sun** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** |
| --- | --- | --- | --- | --- | --- | --- |
| Notes:**Remember to Log**ARD Meetings; doctor, dentist, therapy & psych appointments; church activities; extracurricular activities; recreation/outings/trips; PAL; family visits**Remember to Include**activity; time frame; children participating (if more than one, use initials);list the person supervising; list therapeutic value # (see key below) |  |  |  |
|  |  |  | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 |  |  |

**THERAPEUTIC VALUES:** *for each activity listed above, place the number(s) that explain the therapeutic benefit(s) of the activity*

 1. Exercise/physical fitness 7. Religious/spiritual growth

 2. Reduce stress/anxiety and increase relaxation 8. Promotes healthy attachment to biological family members

 3. Increase/improve social interaction with peers 9. Promotes healthy attachment to foster parents and/or foster siblings

 4. Increase/improve social interaction with adults 10. Provides opportunity for healthy self-expression/creativity

 5. Educational 11. Promotes self-esteem/opportunity for sense of accomplishment

 6. Outside play 12. Promotes independence/practicing life skills

\*Children shall participate in daily routines and activities at levels of supervision set out in their Plan of Service or if under a safety plan, within parameters of an ongoing safety plan.

**December 2023 Foster Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Sun** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** |
| --- | --- | --- | --- | --- | --- | --- |
| Notes:**Remember to Log**ARD Meetings; doctor, dentist, therapy & psych appointments; church activities; extracurricular activities; recreation/outings/trips; PAL; family visits**Remember to Include**activity; time frame; children participating (if more than one, use initials);list the person supervising; list therapeutic value # (see key below) |  | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 31 |  |  |  |  |  |  |

**THERAPEUTIC VALUES:** *for each activity listed above, place the number(s) that explain the therapeutic benefit(s) of the activity*

 1. Exercise/physical fitness 7. Religious/spiritual growth

 2. Reduce stress/anxiety and increase relaxation 8. Promotes healthy attachment to biological family members

 3. Increase/improve social interaction with peers 9. Promotes healthy attachment to foster parents and/or foster siblings

 4. Increase/improve social interaction with adults 10. Provides opportunity for healthy self-expression/creativity

 5. Educational 11. Promotes self-esteem/opportunity for sense of accomplishment

 6. Outside play 12. Promotes independence/practicing life skills

\*Children shall participate in daily routines and activities at levels of supervision set out in their Plan of Service or if under a safety plan, within parameters of an ongoing safety plan.