**JANUARY 2019 Foster Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Sun** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** |
| --- | --- | --- | --- | --- | --- | --- |
|  | | 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 | 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) | |

**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 2019 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 | 24 | 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

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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 2019 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

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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 2019 Foster Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Sun** | **Mon** | **Tue** | | **Wed** | **Thu** | **Fri** | **Sat** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 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 | | 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) | | | |

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

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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 2019 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 | | 31 | |  | |

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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 2019 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*

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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 2019 Foster Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Sun** | **Mon** | **Tue** | | | **Wed** | | **Thu** | **Fri** | **Sat** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 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 | | 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) | | | |

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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

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**AUGUST 2019 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*

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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 2019 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*

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

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**OCTOBER 2019 Foster Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Sun** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | 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 | 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) | |

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

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

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

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**NOVEMBER 2019 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*

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

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

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**DECEMBER 2019 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 |  | | | | |

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