

**SMART Child and Family Services**  
**Foster Parent Individual Service Plan Meeting Presentation Outline**  
(Please provide a copy of this report to your SMART caseworker one week in advance of this ISP meeting.)

Date of this ISP: \_\_\_/\_\_\_/\_\_\_ Child's Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Who are other family members residing with the child? What is the quality of the foster child's relationships with these family members?

Date of last: Dental exam: \_\_\_/\_\_\_/\_\_\_ Physical: \_\_\_/\_\_\_/\_\_\_ Eye exam: \_\_\_/\_\_\_/\_\_\_  
Psychiatrist Appt: \_\_\_/\_\_\_/\_\_\_ Other (specify) \_\_\_\_\_: \_\_\_/\_\_\_/\_\_\_

Medications (name of med, dosage, regimen, observed side effects, how long on med, who prescribes and frequency of med review):

Other medical issues (including any known allergies):

Child's strengths:

Child's challenges:

Peers (number or friends, are they age mates?) State quality of peer socialization skills:

Please complete this form in black or blue ink.

SEC11-001-021307

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What behavioral strategies are utilized in your home? Include your structure, routine, rituals, limits, consequences, nurturance, and how the child's developmental needs are being met in your home. How does the child respond to these approaches? Please describe:

Describe the child's gain since your last report:

If this child has visitation with their family of origin please state with whom, frequency, issues with this contact, and impact on child:

School Report: Where does the child attend school? What grade? Are there any other relevant educational issues? Is the child in special education? What is the child's handicapping condition? Is the child in special education? (If so, summarize the focus of the most recent IEP.)

Child's interests, hobbies and activities:

Other items you wish to review:

Therapeutic Foster Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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