

INDEPENDENT LIVING SKILLS

WEEKLY REPORT LOG

| Youth's Name: | Week of: |
|---|--|
| | (Monday through Sunday of each week) |
| Last Completed Assessment: | ANSELL CASEY ASSESSMENT SCORES: *Enter the "YES" percentage from the assessment printout. |
| Instructions for Foster Parents: | P: Permanency: |
| • Identify the youth's <u>lowest scores</u> from categories 1-7. | 1. Daily Living: |
| • Choose 1-3 skills/activities within those catogories to tea | ich, 2. Self Care: |
| totaling a minimum of three (3) hours of skill training. | 3. Relationships and Communication: |
| • Document the skills/activities in detail below each week | 4. Housing and Money Management: |
| • If the youth has gained adequate knowledge in a certain | 5. Work and Study Life: |
| skill/activity, you must choose a new skill/activity to tead | |
| following week. The new skill/activity can be from the sa category still. | me 7. Looking Forward: |
| • Please use the "Ready, Set, Fly! A Parent's Guide to Teach Skills" for assistance with ideas for skill development. | ning Life |
| *Reminder: The State of Indiana requires that foster parents which 75% must be hands-on instruction. | each and document a minimum of three (3) hours of skill training of |
| CATEGORY SKILL/ACT | IVITY LOG HANDS-ON INSTRUCTION |
| (1-7) | TIME: 75% TIME: 25% |
| 1) | |
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| 2) | |
| 2) | |
| | |
| | Hrs Hrs |
| | |
| 3) | |
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| | |
| | Hrs Hrs |
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| | |
| Signatures: | TOTAL HOURS: Hrs Hrs |
| Youth: | |
| | Comments: |
| Foster Parent: | |
| | |
| TSS: | |