

ICEBREAKER MEETING REPORT FORM

(to be filled out during meeting)

Family Name:

Case Number:

Date of Meeting:

Location of Meeting:

Date of placement in the foster home:

Family Services Specialist:

Biological Parent(s)/Prior Custodian:

Foster Parents/Caregiver(s):

Child(ren):

Other Participants:

Child Specific Information:

Daily routines of your child/children in your home?

What foods do they like?

What foods do they dislike?

Any current behavioral issues that the child(ren) have been displaying?

What positive reinforcements and disciplines do you use that work for your child/children?

Do they have any fears or things that scare them?

What comforts your child/children?

Describe their current interests and strengths:

Does the child/children have any significant relationships with relatives or friends that should continue? If so, please list and provide contact information:

Please describe any significant losses or traumatic events your child has experienced:

Are there any medical concerns or needs:

Does the child(ren) have any allergies?

Is your child(ren) on medication(s)? If so, please list name and dosage.

Any upcoming dental or medical appointments: If so, please list medical and dental provide, contact information and date of next appointments:

If the child(ren) are in school or daycare, how have they been doing? Any concerns?

Do you receive any benefits such as WIC, Social Security for your child(ren)?

Please list any additional information that you feel it is important to provide for your child/children:

Plan for Visitation/Contact:

What is the purpose of your visit:

How often will the visits occur: Weekly Bi-weekly
 2x a Month 1x a Month
 Other, please specify: _____

Location of the visit: Time of the visit:

What will the supervision level be: Full in Room Partial
(Check all that apply, at this time) Full in Community Unsupervised
 Monitored By Video In Home
 Virtually

Who attends/frequency:

What to bring to the visit:

Activities to do with your child:

Additional Notes:

Parent/Prior Custodian Date

Foster Parent Date

Parent/Prior Custodian Date

Foster Parent Date

Family Services Specialist Date

Foster Care Supervisor Date