

# Annual Evaluation/Home Study Assessment Update

Foster Parent(s): \_\_\_\_\_

Time Period Under Review: \_\_\_\_\_

Date of Review with Provider(s): \_\_\_\_\_

The following topics are all a part of the annual evaluation, or home study assessment update. It is important that we monitor your foster care experience and work together to build on areas of strength and improve in areas of need. We need to be kept informed of any significant changes in your household to help ensure that you remain prepared to continue to effectively provide foster care.

**Write in your responses/notes below and be prepared to expand in discussion with the licensor during the home visit (if applicable).**

## ***Training and Experiences to Enhance Foster/Adoptive Parenting:***

Describe your level of satisfaction with training, and availability of resources. Note any specific ways the agency can improve with providing your family with the necessary training/support/resources.

Explain how your training enhanced your family's skills or abilities. Note any training topics that were most beneficial to your family.

## ***Training Plan:***

Describe any specific areas of training you feel your family would benefit from over the next year. Note the types of resources you expect you will utilize (e.g., group trainings/classes, online videos/webinars, Foster Care Support Network training volumes, direct consultation with mental health professional/family therapy/skills, other), and explain what works best for your style of learning.

### ***Family's Experience with Foster Care or Adoption:***

For each foster child (or sibling group) in your care over the past year, summarize the experience, focusing on the following areas: (1) description of any special needs of the child(ren), (2) your perception of your family's ability to meet the needs of the child(ren), (3) your perception of your family's ability to follow the proposed case plan, (4) lessons learned from each placement, (5) your level of satisfaction in partnering with the agency.

Describe the impact foster care has had on your whole family over the past year, with consideration given to each family member. Describe the ability of you and your own children (if applicable) to adjust, and your ability as parents to balance the needs of all family members. Explain the predictability of this impact, and how, if at all, it changes your outlook on doing foster care going forward.

Describe any complaints/grievances, if any, that were initiated by your family OR the agency; and explain how these matters were addressed and resolved. Describe the impact this had on your partnership with the agency.

### ***Changes in Family Composition:***

Describe changes in household members, which may include any of the following: change in marital status or partner of foster parent, adult children living or staying in the home, minor children living or staying in the home, adult household members moving into or out of the home.

### ***Changes in Family Resources or Residence:***

Describe any changes in your family's employment, income, and physical home, such as: loss of or change in job, moving to a new home or community, significant change in family's income, financial resources, debts, and/or expenses.

### ***Changes in Family Health Status:***

Describe any changes in family member's health condition, diagnosis, health care, or limitations due to health status.

### ***Experienced Losses or Traumas in a Family and How They Were Addressed:***

Describe how your family addressed any losses and/or traumas experienced, such as: death of a family member, extended family member, or close friend; life-threatening or chronic medical issue of a family member, extended family member, or close friend; ending of a significant relationship; loss of a pet; other perceived loss.

***Describe Support Utilized, and Additional Supports Requested or Needed:***

Describe any changes in your support network and explain what type(s) of support persons/resources have been accessed over the past year. Note substitute caregivers used and describe their roles.

Describe any services and/or supports requested or needed by your family to increase your capacity to foster or adopt a child. Potential services and supports may include: training on specific special needs topics, respite care, in-home or in-office therapeutic services, support groups, etc.

Signature of License Holder: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of License Holder: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Licensing Worker: \_\_\_\_\_ Date: \_\_\_\_\_