

HCFTC Family Treatment Progress Form

Client Name:

Child's Name:

Advocate Name:

Report Date:

HCFTC Date:

UPDATE ON CHILD/CHILDRENS' ISSUES: Comments, concerns and information. Please indicate names of children and date of occurrences if known (e.g. child visitation and child service issues, parent/child interaction, etc.)

Medical Issues/Info:

Mental Health:

Educational Concerns:

Visitations (sibling/parent/other family members):

Child's Concerns regarding current placement/reunification:

Child's response/feedback to visitations:

Services children are receiving:

Children's Issues, self-reported:

Advocate Observed; Comments on Progress:

Specific Adolescent Needs:

Summary of CASA Visit(s):

Please complete and fax by Wed. 12 noon, prior to each scheduled FTC session.

