# Weekly Snapshot

| **Youth Name** | **Proctor Foster Home** | **Foster Parent Signature** |
| --- | --- | --- |
|  |  |  |
| **Week Start (Sunday M/D/Y)** | **Week End (Saturday M/D/Y)** | **Date of Signature** |
|  |  |  |

| **New Successes this Week** | | **New Challenges this Week** | |
| --- | --- | --- | --- |
|  | |  | |
| **Was academic assistance provided?** | | **Is the youth working?** | |
| Select | **If so, explain:** | Select | **If so, # of hours:** |
| **Did the youth take an official time out?** | | **List the youth’s grades as of this week** | |
| Select | **If so, explain:** |  | |

| ***Daily* Free Time/Recreation** | | | |
| --- | --- | --- | --- |
| Day | | Provide details including location, duration, type of activity, supervision etc. | |
| Sunday | |  | |
| Monday | |  | |
| Tuesday | |  | |
| Wednesday | |  | |
| Thursday | |  | |
| Friday | |  | |
| Saturday | |  | |

| ***2-3x Weekly* Cultural/Community Enrichment Activities** | | | |
| --- | --- | --- | --- |
| Date | | Provide details including location, duration, type of activity, supervision etc. | |
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# Appointments/Contacts/Notes

| **All Appointments (Medical, Optical, Dental, Mentors, Mental Health, Caseworker, CASA, Attorney, etc)** | | | |
| --- | --- | --- | --- |
| Date | Provider/Location | Service Type/Reason for Appointment | Outcome (meds? follow-up?) |
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| **Contact with family or natural support?** | | | |
| --- | --- | --- | --- |
| Date(s) | Who | Contact Type/Location | Notes |
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| **Notes for the youth’s team** |
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# BRS Service Information

| **BRS Service Section Explanation** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Date of Service** | This is the date you provided the service to the youth this week. | | | | | |
| **Duration of Service\*** | This must be aligned with the strategy used and the approximate length of the situation (rounding to the nearest 15 minutes). It cannot be the same for every service and must be as accurate as possible.  **Important Note:** BRS rule requires 10-hours of service for BRS-Regular youth and 6-hours of service for BH-TFC/BRS-Shelter. Proctors are required to provide 1 continuous hour of individual service per week (IST/IC), the rest should be a variety of services/times to meet the needs of your youth. | | | | | |
| **Service Type** | **Individual Counseling (IC):** Encouraging the youth to share their perspective on their issues | | | | | |
| **Individual Skill Training (IST):** Helping the youth build skills to handle difficulties better | | | | | |
| **Group Skills Training (GST):** Skill building with more than one youth at the same time | | | | | |
| **Service Plan Goal/Objective Being Addressed** | When completing this section, you must reference a specific goal or objective listed in the youth’s **current** service plan. This must align with the situation/strategy you are providing. Please reference the youth’s service plan directly. | | | | | |
| **Situation** | This is your description of the event/situation that made you engage with the youth or provide service. You may also add any other pertinent notes about what happened here as this is the bulk of the note for what you will write. Please include a bit of detail as this is the only narrative section of the note. **(1-3 sentences)** | | | | | |
| **Strategy Utilized**  These are the drop-down options. Select the one that aligns to what you did.  If you have questions, you can ask the youth’s CM or the Foster Home Certifier. | CPS Plan A  (Hard No/Safety Concern) | | CPS Plan B  (Problem Solving Conversation) | | CPS Plan C  (Drop the Expectation, for now) | |
| Removed Audience/  Allowed Child Space | | Set a limit  (when-then/if-then) | | Gave Rational Responses/ Provided Redirection | |
| Offered Reflective Listening | | Offered Choices | | Coping Skills Practice | |
| Identified a Trigger | | Discussed Expectations | | Discussed Feelings | |
| Developing awareness around safety | | Practiced maintaining appropriate boundaries | | Practiced doing things in a logical sequence/order | |
| Practiced positive self-talk statements | | Engaged in an activity requiring sustained attention | | Sensory/Somatic Activity (music/dance/yoga) | |
| Explored Verbal Mantras | | Mindfulness Activity | | Modeling Positive Interactions | |
| Preparing for Transitions | | Role Playing Social Skills | | Practiced social norms | |
| Provided Education/Information | | Listened with Empathy | |  | |
| **Youth Response\***  Drop-down options listed | 0 - Negative response or regression | | | 3 - Demonstrated skill with significant support | | |
| 1 - Unable to demonstrate skill even with support | | | 4 - Demonstrated skill with some support | | |
| 2 - Slight demonstration of skill with support | | | 5 - Demonstrated skill with minimal support | | |

\*Note - if the youth is escalated for longer than an hour or the youth response to a situation was a 0 or 1 there is a chance the situation is an IR not just a BRS note. Contact the crisis phone or CM if you are unsure.

# BRS Service Provided

| **Foster Parent Sign-off** | **Date Sent to Case Manager** |
| --- | --- |
|  |  |
| *Your signature certifies that all information in this document is true to the best of your knowledge. You agree that you provided the required number of BRS hours including 1 continuous hour of IST/IC this week.*  *You have selected the date and duration that aligns with the service you provided to the youth.* | |
|

| **Date of Service** | | **Select the Duration of Service** | | **Select the Service Type** | |
| --- | --- | --- | --- | --- | --- |
| Date | | --Select Duration-- | | --Select Service Type-- | |
| **Service Plan Goal/Objective Being Addressed** (Select the Domain, Goal, and Objective) | | | | | |
| ------Select Domain------ ---Select Goal--- ---Select Objective--- | | | | | |
| **Situation** (What was the “problem to be solved”? What was the lagging skill that led to you engaging? What was the situation that the youth was struggling with? Provide any detail on the situation to tell the story) | | | | | |
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| **Select the Strategy Utilized** (Refer to pg 3 for list) | | | **Select the Youth Response** (a 0 or 1 might indicate IR) | | |
| -----Select Strategy----- | | | -----Select Youth Response----- | | |

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# Goals/Objectives from Youth’s Service Plan

*YUI Social Service Staff Copy from the most recent MSP and “paste without formatting” in each section to avoid formatting issues*

| **Domain: Legal custody** |
| --- |
|  |
| **Objectives** |
|  |

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| **Domain: Cultural Needs / Identity** |
| --- |
|  |
| **Objectives** |
|  |

# 

| **Domain: Aftercare / Transition** |
| --- |
|  |
| **Objectives** |
|  |

| **Domain: Family / Fictive Kin** |
| --- |
|  |
| **Objectives** |
|  |

# 

| **Domain: Mental Health / Alcohol and Drug** |
| --- |
|  |
| **Objectives** |
|  |

# 

| **Domain: Education / Vocation** |
| --- |
|  |
| **Objectives** |
|  |

# 

| **Domain: Social Life Skills** |
| --- |
|  |
| **Objectives** |
|  |

# 

| **Domain: Independent Living Skills** |
| --- |
|  |
| **Objectives** |
|  |

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| **Domain: Medical / Health and Well-being** |
| --- |
|  |
| **Objectives** |
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# 

| **Domain: Safety / Crisis Planning** |
| --- |
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