Recording to include:

* Health - appointments and illnesses
* School - Achievements, concerns
* Home - leisure activities, relationships, behaviour, work experience, independence, and self-care skills
* Financial - amounts in savings held for when 18 (Not applicable for daily recordings)

N.B: Within NCT’s Fostering Service, the foster carer daily recording sheet should be written using the ‘Signs of Safety’ model as is the expectation across all of NCT. This essentially considers all elements of information record under the following criteria:

* What is working/ going well for the child?
* What is not working/ going well for the child?
* What are you worried about (as the foster carer) for the child?
* What do you think needs to happen about this, to include timescales for actions where applicable? (This includes any actions by either you as the foster carer or other professionals working within the ‘Team around the Child’)

Where this recording sheet is being used daily at the very start of a child’s foster placement, it may be that you do not need to record information under each and every heading each day but rather only as is relevant to what may have happened in relation to a specific element or action on that given day, e.g., a child may not enjoy family time on each and every day that needs to be recorded.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child Name |  | | | Date | |  | | |
| Child ID |  | | | D.O.B. | |  | | |
| Foster carer 1 |  | | | CF ID | |  | | |
| Foster carer 2 |  | | | CF ID | |  | | |
| Child Social Worker |  | | | | | | | |
| Supervising Social Worker |  | | | | | | | |
| Date fostering placement commenced |  | | | | | | | |
| Agreed frequency of recording | Daily |  | Weekly | |  | | Monthly |  |
| What is going well in the foster placement: | | | | | | | | |
| Home: | | | | | | | | |
| Education: | | | | | | | | |
| Health: | | | | | | | | |
| Family Time: | | | | | | | | |
|  | | | | | | | | |
| WOW Sheet! Record Actions and milestones here:  **Achievements/ Successes/ Proud Moments/ Momentous Occasions/ Worked Hard/ Well done/ Completed/Tried/Helped.** | | | | | | | | |
|  | | | | | | | | |
| Worries: | | | | | | | | |
|  | | | | | | | | |
| Finance (To include pocket money given and savings) | | | | | | | | |
|  | | | | | | | | |

|  |  |
| --- | --- |
| Next Steps and actions: | |
| Carer: | |
|  | |
| Childcare Social Worker: | |
|  | |
| Supervising Social Worker: | |
|  | |
| Comments and any other issues arising: | |
|  | |
| Signed |  |
| Date Submitted |  |