



**Wesley Children, Youth and Family Services
Foster Care Program**

New Foster Carer Three Month Review

1. **Name(s) of Caregivers:** _____
2. **Date of Review:** _____
3. **Name of RTS Assessor:** _____
4. **PLACEMENTS DURING THE PAST 3 MONTHS (details below):**

NAME OF CHILDREN/YOUNG PEOPLE IN CARE	LENGTH OF PLACEMENT	TYPE OF PLACEMENT

5. **TRAINING ATTENDED DURING THE LAST 3 MONTHS (details below):**

DETAILS OF TRAINING ATTENDED
REASON WHY CAREGIVER DID NOT ATTEND TRAINING

6. **FURTHER TRAINING OR AREA'S FOR DEVELOPMENT IDENTIFIED BY CAREGIVER**

- 1)
- 2)
- 3)



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7. FURTHER TRAINING OR AREA'S FOR DEVELOPMENT IDENTIFIED BY WESLEY

- 3)
- 4)
- 3)

8 REVIEW REPORT:

How has your foster care experience been so far?

What have been the rewards?

What have been the challenges?



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What types of supports have you been offered? (Visits, phone contact, specialist interventions, consultations, transport)

Have the needs of the child or young person in your care been met?

Have you felt supported through your introduction to foster care? Yes/No. If no, have you sought support and were your needs met?

What do you believe your capacity is as a carer and have you identified any barriers to being able to provide care? (Short term / Long Term / Emergency/ Age / Classification)

Have you attended any of the following client related meetings in your first three months as a carer – Care Team Meeting, Case Plan Meeting, Placement Disruption Meeting, Court? Please provide feedback.

Any other comments?



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9. RECOMMENDATION

- Competent to continue caring for a child/young person**
- Not yet competent to continue caring for a child or young person. Carer is suspended from taking placements immediately until a satisfactory re-assessment report has taken place signed by the region's Regional Manager.**

10. SIGNATURES

Signature of Caregiver

Signature of Caregiver

Signature of Assessor

Signature of Program Manager