

FORM 35

[Rule 23(18)]

MONTHLY INSPECTION OF FOSTER FAMILIES/GROUP FOSTER CARE

(Fill as applicable)

Date of Visit:

- a) Name :
- b) Date of Birth & Age :
- c) Gender
- d) Date of Placement
- 1. Details of Foster Parents

(Affix recent photo)

- a) Name of Foster Parents
- b) Address
- c) Contact details
 - i) Landline
 - ii) Mobile:
- d) Aadhaar Card Number:
- e) Photograph of Parents

(Affix recent photo)

(Affix recent photo)

3. Interaction with the Foster Child

(a)	Child's experience being part of the family (with reference to whether the child is properly cared for – physical, emotional and health) describe <ul style="list-style-type: none">i) Health Indicators	
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	<p>a) Present Health Status</p> <p>b) Any record of Illness</p> <p>c) Any other treatment that the child is undergoing</p> <p>ii) Emotional</p>	<p><input type="checkbox"/> Happy and well-adjusted</p> <p><input type="checkbox"/> In process of adjusting</p> <p><input type="checkbox"/> Maladjusted</p>
(b)	<p>How is the child performing in his studies?</p> <p>(i) check in relation with the grades/marks the child achieved in previous examinations,</p> <p>(ii) Foster parents have regular conversations with the child regarding his/her studies, extra curricular activities</p> <p>(iii) Do they attend PTA meetings?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Sometimes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Sometimes <input type="checkbox"/></p>
(c)	<p>(i) The amount of time parents (foster) spend with the child either alone or together with their own children.</p> <p>(ii) How do they spend time together as a family and for what?</p> <p>(iii) Does the foster child share with the foster parent's problems he /she is facing either at home, school in the neighbourhood or emotionally feeling not happy?</p>	<p><input type="checkbox"/> Having conversations</p> <p><input type="checkbox"/> Dining</p> <p><input type="checkbox"/> Playing</p> <p><input type="checkbox"/> Watching TV</p> <p><input type="checkbox"/> Going to school</p> <p><input type="checkbox"/> Doing homework together</p> <p><input type="checkbox"/> Others (specify)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Sometimes <input type="checkbox"/></p>
(d)	<p>Does the child get support from foster parents' children? (do they mutually help each other)</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Sometimes <input type="checkbox"/></p>

(e)	Has there been any incident that made the foster child feel discriminated against?	
(f)	<p>Has there been any incident/incidents that made you uncomfortable?</p> <p>(i) The way a foster parent/older sibling/any other member touched you.</p> <p>(ii) The conversations foster parents/older siblings/any other member had with you</p> <p>(iii) Any materials- visuals, printed you were made to watch or read</p> <p>(iv) Were you at any time sexually assaulted or abused?*</p> <p>*if the answers are “yes” immediate steps should be taken to remove the child and send to a place of safety and support the child with medical and psycho-social therapy.</p> <p>** Actions to be taken against the foster carers or parents according to the procedures laid down.</p> <p>*** Is similar treatment being meted out to their biological child also? Then the biological child should also be treated as a child in need of care and protection and appropriate action may be taken.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
(g)	Whether the child keeps in contact with	

	his/her family of origin (by telephone, letters, visits). Specify	
(h)	Have you been beaten by the foster parent at any time?	
(i)	Have you been spoken to in a manner that you felt humiliated?	
(j)	Are you made to do household chores?	
(k)	Do the biological children of the foster parents made to do the same household chores?	

5. Interaction with Foster Parents

(a)	Parent's impressions about the behavior (emotional well-being) of the child in the family	<input type="checkbox"/> Happy and well- adjusted <input type="checkbox"/> In process of adjusting <input type="checkbox"/> Maladjusted
(b)	Perception about his/her adjustment with the household and with other members in the family	<input type="checkbox"/> Happy and well- adjusted <input type="checkbox"/> In process of adjusting <input type="checkbox"/> Maladjusted
(c)	How do you discipline the child?	<input type="checkbox"/> Reason with the child <input type="checkbox"/> Scolding, Chastise <input type="checkbox"/> Beat the child <input type="checkbox"/> Other Methods (Specify)
(d)	What are the behavior traits that are of concern and how do you as parents deal with them?	<input type="checkbox"/> Lack of co-operation <input type="checkbox"/> Lack of Adjustment <input type="checkbox"/> Introvert <input type="checkbox"/> Aggressive <input type="checkbox"/> Not Communicative <input type="checkbox"/> Any Other
(e)	Do you spend time together with the foster child and biological children? Describe.	Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/>

(f)	<p>Views on the progress of Child's education and other talents</p> <p>i) Child is faring well in school</p> <p>ii) If the child is not faring well in school do you seek to find out the reasons</p> <p>a) from the child</p> <p>b) the school teacher</p> <p>iii) Do you attend PTA meetings?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Sometimes <input type="checkbox"/></p>
(g)	<p>Do the foster parents consult the child while taking decisions on behalf of him/her?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Sometimes <input type="checkbox"/></p>
(h)	<p>How does the child show his approval/disapproval to the foster parent's decisions?</p>	<p><input type="checkbox"/> Accept the decision with happiness</p> <p><input type="checkbox"/> Accept the decisions but unhappy</p> <p><input type="checkbox"/> Refuse to accept the decision and shows aggressive behavior)</p>
(i)	<p>Are the foster parents aware of the social networks of the child?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
(j)	<p>Views on child's social relationship with the neighbors, school friends and teachers.</p>	<p><input type="checkbox"/> Good and regular interaction</p> <p><input type="checkbox"/> Periodic Interactions</p>
(k)	<p>What is their plan for the child? (To be noted down)</p>	
(l)	<p>Does the foster child maintain the contact with his/her family of origin? (by telephone, letters, visits). Specify</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Sometimes <input type="checkbox"/></p>
(m)	<p>Who maintains the bank account of the</p>	

	foster child as a parent?	
6.	Interaction with biological children of the Foster Parents:	
(a)	The things they do together with the foster child	<input type="checkbox"/> Dining <input type="checkbox"/> Playing <input type="checkbox"/> Watching TV <input type="checkbox"/> Going to school <input type="checkbox"/> Doing homework together
(b)	Do they have quarrels or fights between themselves and the foster child? If yes, how often, on what issues, and how do they resolve it. Please note down.	Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/>
(c)	How do you feel when your parents show love, affection and care to the foster child?	<input type="checkbox"/> Happy <input type="checkbox"/> Unhappy <input type="checkbox"/> Angry <input type="checkbox"/> Jealous
7.	Interaction with the School Teachers:	
(a)	Information about the academic performance of the child in the school (verify with progress cards to see if the child has shown any progress)	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor
(b)	Teacher's observation: if the child has adjusted to his/her foster parents	<input type="checkbox"/> Happy and well-adjusted <input type="checkbox"/> In process of adjusting <input type="checkbox"/> Maladjusted
(c)	Do the foster parents attend parent-teacher meetings?	Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/>
(d)	Do they seem interested in the child's studies?(by enquiring of his academic achievements, his relationship with teachers and classmates)	Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/>
(e)	Observation on child's behavior in the	<input type="checkbox"/> Happy and well- adjusted

	school (his relationship with teachers, classmates)	<input type="checkbox"/> In process of adjusting <input type="checkbox"/> Maladjusted
(f)	Any concerns of the child in the school. If yes, give details	
8.	Interaction with Parents of Origin	
(a)	Have the parents of origin maintained contact with their child (by telephone calls, letters, and visits? How frequently?	Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/>
(b)	Was the child happy to meet them?	Upset while meeting them
(c)	Did the child raise any issues with regard to his or her foster carers/parents/family with them?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(d)	Do they have any interaction with the foster family regarding the wellbeing of the child?	Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/>
(e)	The family's status to receive back the child	<input type="checkbox"/> Family is interested and in a position to receive back the child. <input type="checkbox"/> Family is interested but not in a position to receive back the child. <input type="checkbox"/> Family is not interested to receive back the child.
(f)	Received any support from the government or any other agency in helping them to receive back the child from the foster carers(If yes, give details)	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.	Interaction with Neighbours	
(a)	Knowledge about the neighbor fostering	Yes <input type="checkbox"/> No <input type="checkbox"/>

	a child.	
(b)	Information about the attitude and behavior of the foster family towards the child.	<input type="checkbox"/> Positive and Happy <input type="checkbox"/> Indifferent Attitude <input type="checkbox"/> Negative Attitude <input type="checkbox"/> Misbehavior towards foster children
(c)	Observed any quarrel or issues between the family members and foster child or between neighborhood and the foster child (if yes, give detail)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Prepared by

Signatures