

Maine Caring Families  
Therapeutic Foster Parent Performance Appraisal/  
Professional Development Plan

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Performance Areas	Strengths	Training Needs
<p><b>1. Physical Care of Child</b></p> <p><i>Adequacy of diet, clothing, toys, recreational, medical, dental and personal hygiene</i></p>		
<p><b>2. Emotional Care of Child</b></p> <p><i>Warmth, flexibility, acceptance, ability to treat child as individual, ability to work with therapist</i></p>		
<p><b>3. Discipline</b></p> <p><i>(methods used)</i></p>		
<p><b>4. Relationships with Biological Parents</b></p> <p><i>Attitude towards visitation, ability to share child, etc.</i></p>		
<p><b>5. Ability to work as part of team</b></p> <p><i>Working with support worker to implement treatment plan, being an active member of team. Understanding and accepting role of caseworker.</i></p>		

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<b>6. Problem Solving</b>		
<b>7. Crisis Management/Handling of difficult situations</b>		

**Additional Strengths of Foster Parents**

*(including community, social, religious activities and personal characteristics such as maturity, sense of humor, common sense, etc.)*

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Areas for Improvement:

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Training needs for next year:

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Foster Parent Comments:

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Foster Parent Signature

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Date

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Support Worker/Case Manager

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Date

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Regional Coordinator

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Date