

# WELL BEING TOOL

## Directions:

Read the variables that are listed below for each of the categories (i.e. physical health, mental health). Determine the status for each of these variables. After determining the status for each of the variables listed in the category, determine the child's overall level of functioning for that category based on the Legend listed below. Draw a line with the appropriate color from the circle with the child's name to the category. Within the circle of the category, list the 'major' issues that lead you to make your decision regarding the child's overall status for the category. List your name and the date that you completed the well being tool. The 'other' category can be used for other areas of the child's life that are not reflected in the categories listed below. This tool should be completed with input from the child (if age appropriate), foster parent, school, and other key persons involved with the child's life.

## Legend:

<b>Black:</b>	Child is doing well in all variables listed under the category. No concerns are present in this area.
<b>Red:</b>	Child is doing well in most of the variables listed under the category. Minor concerns are present in this area.
<b>Blue:</b>	Child is doing OK in some of the variables listed under the category. Minor to major concerns are present in this area.
<b>Green:</b>	Child is not doing well in most of the variables listed under this category. There are major concerns present in this area.

## Variables to Consider in Each of the Categories:

### Physical Health

- Overall general health of child
- Status of medical appointments and immunizations (including dental and vision screenings)
- Connection with medical services that are needed
- Consistency with health care providers in his/her life
- Foster parent is aware of child's physical health issues and is involved with services that have been put in place to meet these needs.

### Mental Health:

- Overall general mental health status of child
- Connection with mental health services that are needed
- Diagnosis and/or behaviors that impact his/her daily life
- Consistency with mental health providers in his/her life

- Connected with therapy services (if age appropriate) and/or other mental health services to meet his/her needs.
- Foster parent is aware of child's mental health issues and is involved with services that have been put in place to meet these needs.

#### Education:

- Level of functioning in regards to grade level
- Attendance to school
- Status of recent report cards and/or teacher reports
- Number of times caregiver/worker is called to school due to issues with the child
- Connection with educational services that are needed
- Type of classroom setting (mainstreamed, resources, therapeutic etc)
- If needed has testing been done on the child to determine his/her specific educational needs.
- If needed, IEP or 504 plan are current and being adhered to by school and foster parents
- Level of behaviors at school that interfere with academic achievement
- Number of schools attended during the past two years.

#### Community:

- Involvement with self enrichment activities in the community
- Connection with peers in his/her school and/or community
- Number of connections in the community
- Type of interactions child has had in the past year in the community (i.e. police involvement, participation in community groups etc)

#### Home Environment:

- Level of support and nurturance the placement provides
- Ability of placement to meet child's basic needs
- Child's level of comfort in the home
- Type of interactions child has with the foster family
- Level of placement stability (# of moves in the past year/ likelihood that the current placement will remain stable)
- Discussions have taken place with the child (if age appropriate) and foster parent regarding permanency
- Plan has been established in conjunction with child (if age appropriate) and foster parent in regards to permanency options that will be pursued

#### Family Involvement:

- Level of involvement with the biological parents
- Level of involvement with siblings
- Level of involvement with other key members of the child's biological family

#### Sense of Self:

- Child's perception of him/herself
- Level of child's spirituality

# WELL BEING TOOL

**Physical Health:**

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**Sense of self:**

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**Family Involvement:**

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**Mental Health:**

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**Education:**

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**Home Environment:**

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**Other:** \_\_\_\_\_

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**Community:**

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**Child:**

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Date Completed: \_\_\_\_\_  
Completed By: \_\_\_\_\_