

WEIGHT RECORD *
 LANE COUNTY DEVELOPMENTAL DISABILITIES
 ~ CHILD FOSTER HOMES ~

CHILD: _____ **IDEAL WEIGHT RANGE:** _____

| MONTH | 2012 | 2013 | 2014 | 2015 | 2016 |
|-----------|------|------|------|------|------|
| JANUARY | | | | | |
| FEBRUARY | | | | | |
| MARCH | | | | | |
| APRIL | | | | | |
| MAY | | | | | |
| JUNE | | | | | |
| JULY | | | | | |
| AUGUST | | | | | |
| SEPTEMBER | | | | | |
| OCTOBER | | | | | |
| NOVEMBER | | | | | |
| DECEMBER | | | | | |

***To be completed only if ISP team or Physician recommends.**