

Weekly Parent Update

Child's Name: _____ Age: _____ Date: _____
Parent's Name: _____ Therapist Name: _____

I. Note significant and/or new happenings in your child's life since last session (positive and/or negative).

At School: (new teacher, received honor/award, low grades, behavior problems, fight with friends, friends moved, etc.)

At Home: (parent working extra long hours, shared toys, completed chores, birthday, pet dying, friend moving, etc.)

Environmental Changes: (sleep patterns, appetite, changes in support system, moved to new home, grandma visiting, etc.)

Physical Changes: (complaints, weight loss/gain, headache, stomachache, started menstruating, signs of puberty, etc.)

II. Medication: New- _____ Discontinued- _____

III. Assessment of Changes in Child: (parents and therapist jointly identify 2 target behaviors of concern)

Child's overall behavior, compared to last week:

1	2	3	4	5	6	7	8	9	10
not as good				same		better			

Child's behavior of concern(_____)compared to last week:

1	2	3	4	5	6	7	8	9	10
not as good				same		better			

Child's behavior of concern(_____)compared to last week:

1	2	3	4	5	6	7	8	9	10
not as good				same		better			

Child's mood/attitude toward life, compared to last week:

1	2	3	4	5	6	7	8	9	10
not as good				same		better			

My experience parenting my child (stressful vs. enjoyment of child) compared to last week:

1	2	3	4	5	6	7	8	9	10
not as good				same		better			