



Weekly Parent Report

Date:

Child's Name/age:

Parent/Guardian's Name:

Assessment of Changes in Child

Please note below significant and/or new happenings in your child's life since last session (positive and/or negative). If more space is needed, use back to continue.

At School: new teacher, received honor (student of the week, etc.) low grades, behavior problems/detention, fight with friend, friend moved etc.

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

Environmental Changes: sleep patterns, appetite, changes in support system, moved to a new home, grandma/uncle visiting etc.

Physical changes: complaints, loss/gain of weight, head or stomachache, bowel issues, started menstruating, signs of puberty etc.

Medication(s): NEW (please list) _____ DISCONTINUED (please list) _____

Child's overall behavior at home/ school 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

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

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

- Very important that I talk with you - today if possible**
- I need to talk with you **before next session**; best day/time/phone to call _____
- I'd like to schedule a time to talk to you **next week** at this time.
- Issue of concern: