



WEEKLY PARENT REPORT

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

Person Completing Form: _____

**Circle (or add to the list) significant and/or new happenings in your child's life since last session (positive and/or negative). Write on the back if more space is needed.)*

At School: new teacher, chosen for honor (student of the week), bad grades, behavior problems/ detention, death in school, fight with friend, friend moved, etc.

At Home: parent working different hours, parent's separation, stress in marriage, child shared toys, completed chores, birthday, sibling play and/or rivalry, death in family, pet illness/death, friend moving away, etc.

Environmental Changes: sleep patterns, appetite, changes in support system, moved into a new home, grandparents visiting, etc.

Physical Changes: complaints, weight loss/gain, head or stomach ache, started menstruating, signs of puberty, etc.

Sensory Issues: sensitivity to loud sounds, tags in clothing, textures in food, bright lights, or easily tearful, etc.

Other Issues/Behaviors: Please indicate any other issues/behaviors you wish to note.

Child's overall behavior > compared to last week (or last visit)

1 2 3 4 5 6 7 8 9 10
Not as Good Much Better

Child's specific behavior of concern: (_____)> compared to last week (or last session)

1 2 3 4 5 6 7 8 9 10
Not as Good Much Better

Child's mood/attitude toward life – compared to last week (or last session)

1 2 3 4 5 6 7 8 9 10
Not as Good Much Better

My experiences parenting my child (stress vs. enjoyed child, felt in control, etc.) > compared to last week (or last session)

1 2 3 4 5 6 7 8 9 10
Not as Good Much Better

- Please complete if necessary.

_____ I need to talk with you before the next session. Best day/time/number: _____

Issue of concern: _____