

*Play Works L.L.C.*

Kathryn Hill, LPC-S, Registered Play Therapist-Supervisor  
Weekly Caregiver Report

Name of parent completing this form:

Today's date:

- 1) Since the last session how is your child's behavior at home?  
Stable Better Worse N/A
- 2) Since the last session how is your child's behavior at school?  
Stable Better Worse N/A
- 3) Since the last session how is your child's behavior with peers?  
Stable Better Worse N/A
- 4) Please describe any other behavior concerns or situations that have come up over the week.
- 5) Since the last session, how is your child sleeping?  
Stable Better Worse N/A
- 6) Since the last session, how is your child eating?  
Stable Better Worse N/A
- 7) Since the last session, how is your child physically?  
Stable Better Worse N/A
- 8) Since the last session, how is your child emotionally/socially?  
Stable Better Worse N/A
- 9) Please describe any other concerns or use this space to elaborate on any of the above questions.
- 10) In my parenting, I am working on these skills as discussed in our last parent session: Please circle only 1-2 to focus on this week. (Please use the back of this sheet to describe how it's going.)

Feelings Identification/Validation

Limited Choice Giving

ACT Limit Setting

Returning Responsibility

Encouragement vs Praise

Being kind and firm

Asking vs Telling

Family Meetings

Special time with child

Understanding the belief or feeling behind the behavior

Having more awareness of my own triggers

Wheel of Choice

Getting my child involved in problem solving

Routine Chart

Active/Reflective Listening

Transitional object for separation anxiety

Positive time out

Connection before Correction

Therapy for parent/s

Self-care for parent/s

Reading a new parenting book

Other

N/A

11) Parenting my child this week I felt:

Confident Challenged Calm Connected Disconnected

12) Please list any medication changes if applicable.