COUNSELING AND CONSULTING ASSOCIATES OF NORTH TEXAS

Child Weekly Update Report

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

Please list 2 of your child's specific behaviors that are areas of concerns

1) _____

2)_____

Note significant and/or new happenings in your child's life since the last session—positive and/or negative

At School—new teacher, chosen for honor (student of the week, etc.) good/bad grades, behavior problems or improvements, detention, fight with friend, friend moved, etc.

_____

_____

At Home—parent working extra long hours, parents' separation, stress in marriage, child shared toys, completed chores, birthday, death in the family, pet dying, friend moving away, etc.

_____

_____

Environmental Changes—sleep pattern, appetite, changes in support system, moved to new home, grandma visiting, etc. _____

_____

Physical Changes—complaints, loss/gain of weight, head or stomachache, started menstruating, signs of puberty, etc.

_____

_____

Weekly Ratings

Child's behavior, 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

Child's specific behavior concern ( ) compared to last week

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

My experience in my parental self-confidence compared to last week.

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

I Would Like a Consult with Therapist

☐ Very Important, I must see therapist—today if possible.
☐ I need to meet with therapist ***before*** next session, best day/ time to call _____
☐ I'd like to schedule a time to talk with therapist next week at this time_____
Issue of concern: _____