

Counseling Center at Heritage, LLC  
Play Therapy

**Weekly Caregiver Report**

Date: \_\_\_\_\_

Therapist: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

***Please note any significant and/or new happenings in your child's life since last session (positive and/or negative). Use back if additional space is needed.***

At school (Ex. new teachers, received honor, low grades, behavior problems, detention, fight with friend, friend moved, homework, etc.):

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

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

Physical Changes (Ex. complaints, loss/gain of weight, head or stomachache, cold, etc.):

**Medication:**

New: \_\_\_\_\_ Discontinued: \_\_\_\_\_ N/A

**Circle your response for each question:**

1. Child's overall behavior compared to last week

*not as good                      same                      better*

2. Child's behavior concern of \_\_\_\_\_ compared to last week

*not as good                      same                      better*

3. Child's behavior concern of \_\_\_\_\_ compared to last week

*not as good                      same                      better*

4. My experience caring for child (stressful vs. enjoyment of child, felt in control, etc) compared to last week

*not as good                      same                      better*

**Comments:**