

Counseling Center at Heritage, LLC
Play Therapy

Parent Consultation Feedback Form

Client Name: _____

Date: _____

Therapist Name: _____

Parents: Please note any changes requested below. This form is to be completed the week prior to your scheduled parent consultation without your child. This form will aid the therapist in working better with you and your child. Please complete to the best of your knowledge, if you do not have any information for a section, please write N/A.

Positive Changes:

Issues that Have Remained the Same:

Negative Changes:

New Insights/Changes/Issues Discovered:

What I'm looking to learn or talk about in my session with my child's therapist:

Needs:

Circle your response for each question:

1. I see my role in my child's presenting issues.

Not at all A little Somewhat Very much

2. I find play therapy is beneficial for my child.

Not at all A little Somewhat Very much

3. My level of anxiety/stress when applying the skills learned through consultation at home.

Not at all A little Somewhat Very much

4. It is important for me to use the skills I learn here at home.

Not at all A little Somewhat Very much

5. I am able to see how the play therapy skills make a difference for my child when I use them.

Not at all A little Somewhat Very much

6. I have made changes in my parenting skills with my child.

Not at all A little Somewhat Very much

7. I have made changes in the relationship with my child.

Not at all A little Somewhat Very much

8. I see my child making changes.

Not at all A little Somewhat Very much

9. I see my child developing new coping skills.

Not at all A little Somewhat Very much

10. I understand my child's point of view.

Not at all A little Somewhat Very much

11. I am able to understand what my child needs in relationship to his needs, desires, wants, etc.

Not at all A little Somewhat Very much

12. I feel like the therapist and I are working in a partnership.

Not at all A little Somewhat Very much

13. I would like the therapist to provide me feedback on my parenting skills.

Not at all A little Somewhat Very much

14. I would like the therapist to provide me feedback on my relationship with my child.

Not at all A little Somewhat Very much

15. My level of anxiety/stress about my child's presenting issues:

Very low Low Neutral High Very High

16. My level of anxiety/stress about parent consultations:

Very low Low Neutral High Very High

17. The dynamics in my family are changing.

Not at all A little Somewhat Very much

18. I believe that every family member has a part in my child's presenting issues.

Not at all

A little

Somewhat

Very much

Comments: