

**Counseling Center at Heritage, LLC
Group Therapy**

Weekly Caregiver Report

Client Name: _____ **Child's Age:** ____ **Date:** _____

Therapist Name: _____ **Parent's Name:** _____

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

At school (Ex. behavior problems, detention, fight with friend, social interactions, before/after school activities, bus, etc.):

At home (Ex. interactions with parents/siblings, communication, isolation, etc.):

Extra-Curricular (Ex. Karate, sports, activities, etc.)

Physical Changes (Ex. anxiety, withdraw, depression, etc.):

One thing that went well this week:

One thing your child did for someone else this week:

Check one for 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 communication compared to last week

not as good *same* *better*

3. Child's behavior concern of interaction 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*