



therapy for children and parents

Parent Check-In & Progress Update

Date: _____

Partnering for _____'s Success
(Child's name)

Person Completing Form: _____

1. BEHAVIOR & EMOTIONS

Have you noticed any changes in your child's behavior since our last session? (e.g., increased tantrums, difficulty sleeping, appetite changes, withdrawal, or other new behaviors?) _____

What emotions has your child been expressing more frequently or intensely? (e.g., anger, sadness, anxiety, excitement—any patterns you've noticed?) _____

2. PLAY & COMMUNICATION

What has your child been talking or playing about since the last session? _____

3. STRENGTHS & GROWTH

Have you noticed improvements in cooperation, expressing feelings, trying new things, or managing frustration? _____

What are some of your wins as a parent in the past week? (Any positive changes in your parenting approach? A moment you felt proud?) _____

4. CHANGES & ADJUSTMENTS

Any significant updates or changes at home or school? (e.g., shifts in routine, new stressors, changes in relationships?) _____

How would you rate your child's overall mood since the last session? *(Circle one)*

☐ Very Positive
 ☐ Positive
 ☐ Neutral
 ☐ Negative
 ☐ Very Negative

5. ABOUT YOU

How would you rate your overall mood since the last session? *(Circle one)*

☐ Very Positive
 ☐ Positive
 ☐ Neutral
 ☐ Negative
 ☐ Very Negative

Any additional thoughts, questions, concerns, or updates (schedule, insurance, etc.)? _____
