

Sparrow House Counseling

Parent Check-In Form

Client Name: _____

Date: _____

Please indicate how your child or teenager is doing in the following areas. You may use the following ranking system (1-no difficulty, 2-minor difficulties, 3-average, 4-some difficulties, 5-major difficulties)

A. Sleeping

1. Falling asleep _____
2. Difficulty staying asleep (waking up in the middle of the night) _____
3. Sleeping in their own bed _____

B. Eating

1. Change in appetite Y N Please circle: Increase Decrease
2. Refusal to eat food served during meals times _____
3. Restricting food _____

C. Mood

1. Seemed down this week _____
2. Did not seem to engage with peers and family much _____
3. Poor energy level this week _____
4. Poor school performance _____
5. Complaints of headaches or stomachaches _____
6. Exhibiting anxious behaviors (such as picking, pulling out hair, biting nails) _____

Please Answer the Following Questions as Directed:

D. Behavior

1. Increased irritability: Y N
2. Number of behavior outbursts (such as kicking, hitting, hurting self or another person)

Please indicate the number of these this week in the blank: _____

3. Number of verbal outbursts (yelling, screaming, significant overreactions, significant amounts of talking back to adults).

Please indicate the number of these this week in the blank _____

4. Please describe disciplinary action taken at home this week (grounding, loss of privileges, loss of phone, etc) in this blank _____.

5. Number of disciplinary consequences at school this week. Please indicate the number of these this week in the blank _____.

6. Please indicate the type of disciplinary action taken this week (detention, color changes, suspension, referrals to the office) in this blank _____

E. Medication Compliance

1. Took all doses of medication this week: Y N
2. Approximate number of missed doses _____

F. Overall Ranking of the Week: (Rank 1-5, 1-Great Week, 2-Fairly Good Week, 3-Average, 4-Hard Week, 5-Extremely Difficult Week) _____

G. Comments: (can use the back of this sheet)