## INSTRUCTIONS:
Complete each item and leave no "blanks" unless otherwise indicated.

### 1. COUNSELING SESSIONS

- **a. Play Therapy**
  - 
  - [33-34]
  - # SESSIONS

- **b. Individual Sessions**
  - 
  - [35-36]
  - # SESSIONS

- **c. Education Group**
  - 
  - [37-38]
  - # SESSIONS

- **d. Parent/Child Sessions**
  - 
  - [39-40]
  - # SESSIONS

- **e. Parenting Module Sessions**
  - 
  - [41-42]
  - # SESSIONS

- **f. Recreational Group**
  - 
  - [43-44]
  - # SESSIONS

- **g. Music Therapy**
  - 
  - [45-46]
  - # SESSIONS

- **h. Other Group**
  - 
  - [47-48]
  - # SESSIONS

### 2. HEALTH STATUS

- **a. Was child hospitalized?**
  - 0 = No
  - 1 = Yes*
  - [49]

  **IF “YES”:**
  - Length of stay
  - [50-51]
  - # DAYS

- **b. Was medication prescribed for any reason during this period?**
  - 0 = No
  - 1 = Yes*
  - [52]

  *If “Yes” Specify name of medication --

  

### 3. ANCILLARY SERVICES RECEIVED (directly from treatment program or by referral)

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Medical services/tests</td>
<td>0</td>
</tr>
<tr>
<td>b. Psychological services/tests</td>
<td>0</td>
</tr>
<tr>
<td>c. Anger resolution</td>
<td>0</td>
</tr>
<tr>
<td>d. Rape &amp; trauma</td>
<td>0</td>
</tr>
<tr>
<td>e. Parenting &amp; family</td>
<td>0</td>
</tr>
<tr>
<td>f. Contacts with CPS</td>
<td>0</td>
</tr>
<tr>
<td>g. Behavior modification</td>
<td>0</td>
</tr>
<tr>
<td>h. Juvenile Justice involvement</td>
<td>0</td>
</tr>
</tbody>
</table>
4. **EDUCATIONAL ISSUES**

   a. How many days was child absent from school/childcare? .................................. |___|___| # DAYS 

   IF “1 OR MORE” SPECIFY REASON(S):

   ____________________________________________________________
   ____________________________________________________________

   b. Was a consultation held with the child’s teacher (excluding regularly scheduled teacher conference)? ......................... 0=No 1=Yes* [13]

   *IF “YES” SPECIFY REASON(S):

   ____________________________________________________________
   ____________________________________________________________

5. **GENERAL ISSUES**

   a. Did child participate in positive incentive program? .......... 0=No 1=Yes* 8=NA [16]

   *IF “YES”:

   1. Was goal achieved? .......................................................................................... 0=No 1=Yes [17]

   b. Were any standardized tests administered to the child? .......................................................... 0=No 1=Yes* [18]

   *IF “YES”:

   List the name of the test, date administered and total score.

   1. MO | DAY | YR | SCORE [19-27]
   2. MO | DAY | YR | SCORE [28-36]
   3. MO | DAY | YR | SCORE [37-45]