

CHILD SERVICES TRACKING RECORD (MONTHLY)

(TCU WOMEN AND CHILDREN RESIDENTIAL FORMS)

THIS FORM TO BE COMPLETED BY STAFF:

[FORM 320; CARD 01]

SITE #:	CHILD ID#:	TODAY'S DATE:	COUNSELOR ID#:
_	_ _ _ _	_ _ _ _ _ _	_ _
[6]	[7-10]	MO DAY YR [11-16]	[17-18]
TREATMENT MONTH?	01 02 03 04 05 06 07 08 09 10 11 12		_ _ [19-20]
ADMISSION DATE?			_ _ _ _ _ _ [21-26]
			MO DAY YR
1-MONTH PERIOD COVERED BY THIS REPORT?.....			_ _ _ _ _ _ to _ _ _ _ _ _ [27-32]
			MO DAY YR [NK] MO DAY YR

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 I=Yes* [49]
- IF "YES":
Length of stay|_|_| [50-51]
DAYS
- b. Was medication prescribed for any reason during this period? 0=No I=Yes* [52]

*[If "Yes"] Specify name of medication --

TCU CODE	TCU CODE

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

		NO	YES			
a. Medical services/tests.....	0	1	[57]	e. Parenting & family.....	0	1 [61]
b. Psychological services/tests.....	0	1	[58]	f. Contacts with CPS.....	0	1 [62]
c. Anger resolution.....	0	1	[59]	g. Behavior modification.....	0	1 [63]
d. Rape & trauma	0	1	[60]	h. Juvenile Justice involvement.....	0	1 [64]

4. EDUCATIONAL ISSUES

[320;02;ID]

a. How many days was child absent from school/childcare?|_|_| # DAYS [11-12]

IF "1 OR MORE" SPECIFY REASON(S):

Two horizontal lines for specifying reasons for absence.

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):

Two horizontal lines for specifying reasons for consultation.

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[14-15]

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]