



We Don't Give Up On Families

Weekly Parent Progress Notes

Youth Name: _____

Week of: _____

<u>Affect/Mood</u>	Sun. Date:	Mon. Date:	Tue. Date:	Wed. Date:	Thurs. Date:	Fri. Date:	Sat. Date:
Alert							
Drowsy							
Calm							
Anxious							
Depressed							
Agitated							
Hostile							
Excited							
Withdrawn							
Pleasant							
Happy							
Hyper							
Angry							
Flat							
Other							
<u>Positive Behavior</u>							
Sharing							
Verbalizing feelings							
Cooperative							
Assertive							
Interactive							
Listening							
Redirectable							
Compliant							
Communicative							
Controlling Impulses/Anger							
Relaxed							
Appropriate							
Other							
<u>Negative Behavior</u>							
Aggressive							
Argumentative							
Stealing							
Isolative							
Outburst							
Defiant							
Impulsive							
Destructive							
Self Abusive							
Manipulative							
Attention Seeking							
Sexually Inappropriate							
Not Able to Verbalize Feelings							
Other							

Activities							
School/Tutor							
Therapy/DREAM							
Psychiatrist/Psychologist							
Medication/dental/eye							
Phone Contact with Birth Family							
Face to Face Visit with Birth Family							
Overnight Visit with Birth Family							
PRP/Mentor/Therapeutic Support							
Significant Events							
AWOL							
Family Meeting							
Medical Visit							
Hospitalization							
Medication							
School Suspension							
Legal/Court							

Comments: Weekly Progress (Issue/Intervention/Outcome)

Parent Signature:

Date:

FSC Signature:

Date: