

CLIENT MONTHLY REPORT

Client: _____

Monthly Report: _____

Tribal Case Worker: _____

HRT Support Specialist: _____

I. FUNCTIONING IN THE PARENT THERAPIST HOME

1. Attitude Toward P.T. Parents:

- | | | | | |
|--------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------|----------------------------------------|------------------------------------|
| <input type="checkbox"/> Not A Problem | <input type="checkbox"/> Improved | <input type="checkbox"/> Trying | <input type="checkbox"/> Deteriorating | <input type="checkbox"/> No Change |
| <input type="checkbox"/> Respectful, Cooperative | | <input type="checkbox"/> Participating in Family Activities | | |
| <input type="checkbox"/> Communicates Freely | | <input type="checkbox"/> Manipulative, Tries to Outsmart | | |
| <input type="checkbox"/> Talks Back, Insolent | | <input type="checkbox"/> Isolative, Prefers to Keep Distance from Parents | | |

Comments: _____

2. Attitude Toward Siblings in P.T. Home:

- | | | | | |
|---------------------------------------------------|-----------------------------------|------------------------------------------------------|----------------------------------------|------------------------------------|
| <input type="checkbox"/> Not A Problem | <input type="checkbox"/> Improved | <input type="checkbox"/> Trying | <input type="checkbox"/> Deteriorating | <input type="checkbox"/> No Change |
| <input type="checkbox"/> Gets Along Well | | <input type="checkbox"/> Agitates, Instigator | | |
| <input type="checkbox"/> Considerate, Cooperative | | <input type="checkbox"/> Sets Others Up, Manipulator | | |
| <input type="checkbox"/> Generally Cooperative | | <input type="checkbox"/> Little Interaction, Loner | | |
| <input type="checkbox"/> Cruel, Bullies Others | | | | |

Comments: _____

3. Discipline Within P.T. Home

- | | | | | |
|-----------------------------------------------------------|-----------------------------------|----------------------------------------------------------------|----------------------------------------|------------------------------------|
| <input type="checkbox"/> Not A Problem | <input type="checkbox"/> Improved | <input type="checkbox"/> Trying | <input type="checkbox"/> Deteriorating | <input type="checkbox"/> No Change |
| <input type="checkbox"/> Rarely Requires Discipline | | <input type="checkbox"/> Fights Discipline | | |
| <input type="checkbox"/> Responds to Verbal Reminders | | <input type="checkbox"/> Tries to Manipulate Out of Discipline | | |
| <input type="checkbox"/> Requires Restrictions, Grounding | | | | |

Comments: _____

4. In-Home Responsibilities/Chores

- | | | | | |
|-------------------------------------------------------|-----------------------------------|-----------------------------------------------------|----------------------------------------|------------------------------------|
| <input type="checkbox"/> Not A Problem | <input type="checkbox"/> Improved | <input type="checkbox"/> Trying | <input type="checkbox"/> Deteriorating | <input type="checkbox"/> No Change |
| <input type="checkbox"/> Shows Initiative | | <input type="checkbox"/> Does Chores Well | | |
| <input type="checkbox"/> Defies Rules/Regulations | | <input type="checkbox"/> Simply Does Chores | | |
| <input type="checkbox"/> Takes Minimum Responsibility | | <input type="checkbox"/> Does Chores Poorly | | |
| | | <input type="checkbox"/> Will Do Only With Prodding | | |

Comments: _____

II. FUNCTIONING WITH OTHERS

1. Relationship With Peers:

- | | | | | |
|--------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------|----------------------------------------|------------------------------------|
| <input type="checkbox"/> Not A Problem | <input type="checkbox"/> Improved | <input type="checkbox"/> Trying | <input type="checkbox"/> Deteriorating | <input type="checkbox"/> No Change |
| <input type="checkbox"/> Friends Too Young | | <input type="checkbox"/> Chooses and Maintains Appropriate Friends | | |
| <input type="checkbox"/> Friends Too Old | | <input type="checkbox"/> Loses Friends Easily | | |
| <input type="checkbox"/> Friends Inappropriate | | <input type="checkbox"/> Loner, Not Interested in Friends | | |
| <input type="checkbox"/> Unable to Make Friends But Wants To | | | | |

Comments: _____

2. Participation in Activities:

- | | | | | |
|-----------------------------------------------------------------|-----------------------------------|------------------------------------------------------|----------------------------------------|------------------------------------|
| <input type="checkbox"/> Not A Problem | <input type="checkbox"/> Improved | <input type="checkbox"/> Trying | <input type="checkbox"/> Deteriorating | <input type="checkbox"/> No Change |
| <input type="checkbox"/> Sought Out to Enter Activities | | <input type="checkbox"/> Indifferent, Loner | | |
| <input type="checkbox"/> Willingly Participates | | <input type="checkbox"/> Complains, Bored | | |
| <input type="checkbox"/> Willing but Unable Due to Restrictions | | <input type="checkbox"/> Others Unwilling to Include | | |

Comments: _____

3. School Attendance:

- | | | | | |
|--------------------------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| <input type="checkbox"/> Not A Problem | <input type="checkbox"/> Improved | <input type="checkbox"/> Trying | <input type="checkbox"/> Deteriorating | <input type="checkbox"/> No Change |
| <input type="checkbox"/> Attends Regularly | | <input type="checkbox"/> Goes Unwillingly | | |
| <input type="checkbox"/> Some Tardies | | <input type="checkbox"/> Enjoys Going | | |
| <input type="checkbox"/> Some Ditching | | <input type="checkbox"/> Chronic Ditching, Rarely Goes | | |
| | | <input type="checkbox"/> Suspended | | |

Comments: _____

4. School Performance and Behavior:

- Not A Problem Improved Trying Deteriorating No Change
- Working at or Above Grade Level Struggling
- Working Below Grade Level Not Making an Effort
- Good, Cooperates Not Turning in Work
- Some Detentions Sent to Principle, Counselor
- Fighting

Comments: _____

5. Attitude Toward Natural Family:

- Not A Problem Improved Trying Deteriorating No Change
- No Contact This Month Does Not Want Contact
- Visits Go Well, No Reaction Manipulates Natural Parents
- Hostile, Belligerent After Contact Unwilling to Discuss with P.T.
- Depressed, Withdrawn After Contact Trouble Setting Up Visits

Comments: _____

III. PERSONAL ISSUES

1. Hygiene:

- Not A Problem Improved Trying Deteriorating No Change
- Well Groomed, Important to Them Careless, Not Important to Them
- Appearance Acceptable, Could Improve Does Not Wash, Dirty
- Needs More Education in Proper Hygiene

Comments: _____

2. Language:

- Not A Problem Improved Trying Deteriorating No Change
- Language Always Acceptable Sly Remarks, Sarcastic
- Occasionally Bad, Especially with Peers Uses Obscenities, Vulgar

Comments: _____

3. Honesty and Reliability:

- Not A Problem Improved Trying Deteriorating No Change
- Almost Always Trustworthy Exaggerates, Brags A lot
- Can Be Relied On Word Cannot Be Relied On
- Occasionally Lies, Stretches the Truth Needs to be Watched Continually

Comments: _____

4. Motivation/Insight:

- Not A Problem Improved Trying Deteriorating No Change
- Has Insight, Wants to Change/Grow Fights Change
- Has Some Insights, But Unable to Put Into Action Able to Initiate Problem Solving
- Has No Insight Into Problems Problem Solves Only With Direction
- Fighting

Comments: _____

IV. OTHER – GIVE DATES, WITH WHOM AND ANY PERTINENT INFORMATION

Psychiatric/Psychological Visits: _____

Medical/Dental Visits: _____

Home Visits: _____

Unusual Incidents: _____

Target Behaviors to be Worked on Next Month: _____

Comments: _____

Parent Therapist Signature

Parent Therapist Signature

SRP-MIC Monthly Report Continuation Page – Use for Additional Comments

I. FUNCTIONING IN THE PARENT THERAPIST HOME

1. Attitude Toward P.T. Parents:

Comments: _____

2. Attitude Toward Siblings in P.T. Home:

Comments: _____

3. Discipline Within P.T. Home

Comments: _____

4. In-Home Responsibilities/Chores

Comments: _____

II. FUNCTIONING WITH OTHERS

1. Relationship With Peers:

Comments: _____

2. Participation in Activities:

Comments: _____

3. School Attendance:

Comments: _____

4. School Performance and Behavior:

Comments: _____

5. Attitude Toward Natural Family:

Comments: _____

III. PERSONAL ISSUES

1. Hygiene:

Comments: _____

2. Language:

Comments: _____

3. Honesty and Reliability:

Comments: _____

4. Motivation/Insight:

Comments: _____