

Recreation Activities Based on Child's Talents, Hobbies, & Chosen Interests:

- Sports Video Game Free Play Inside Free Play Outside Arts / Crafts Park Dance Music
 Child's Chosen Activity: _____

Visitations

- Bio parent(s) Siblings Extend Family Caseworker Adopt. Parent(s) Agency Staff
 In person Phone Mail Where: _____
Names: _____

Medical Appointments

- Medical Routine / Date: _____ Eye / Date: _____ Dental / Date: _____
 Psychiatric / Date: _____ ER (must do an incident report) / Date: _____
Provider: _____

Lifebook Addressed:

- Pictures Medical Services Stories Report cards, school awards, educational info.

Allowance Given:

- Date:** ____/____/____ Amount: \$ _____
Date: ____/____/____ Amount: \$ _____
Date: ____/____/____ Amount: \$ _____

(Client Signature)

Clothing Purchased (\$40 - \$60 Minimum)

- Shirts Pants Shoes Underclothing Dress Clothes Coat Accessories Other _____
Receipt(s) Yes / No Grand Total \$ _____

Date: ____/____/____ **Sun / Mon / Tue / Wed / Thur / Fri / Sat** Medication Given Yes / No

Living Skills (30 min)

Start: ____:____ (AM/PM) End: ____:____ (AM/PM)

Strategy: 1 2 3 or Other: _____

Skill worked on: 1 2 3 4 5 6

How TP worked on the skill with child:

modeled guided taught Other: _____

Child's Response (What happened?): _____

Skill Completed: Refused W/ Assistance
 W/ Minimal Assistance No Assistance Needed

Treatment Parent Signature Date

Social Skills (1 hour)

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Important events or behaviors today at home or school: _____

TP managed behaviors today by: Guided redirection # _____ Verbal redirection # _____
 Positive Reinforcement # _____ Prompts to use coping skills # _____ Time Out --- duration: _____
 Restriction ---duration: _____ Observed trigger & required action by parent to prevent escalation # _____

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