



**ADMINISTRATIVE OFFICE OF THE COURTS**  
 Problem Solving Treatment Courts  
**Early Childhood Court**  
 (Please fill out all blank fields)

CHILD PARENT PSYCHOTHERAPY PROGRESS REPORT					
<b>Therapist Name:</b>					
<b>Agency:</b>					
<b>Therapist's Contact Number:</b>					
<b>Child's Name</b>	<b>Mother's Name</b>	<b>Father's Name</b>			
<b>Date of Intake:</b>		<b>Child's ACE Score:</b>			
<b>PITA Assessment Date:</b>		<b>PITA Score:</b>			
<b>Child's Attendance</b>		<b>Mother's Attendance</b>		<b>Father's Attendance</b>	
<b>Attended:</b>		<b>Attended:</b>		<b>Attended:</b>	
<b>Cancelled:</b>		<b>Cancelled:</b>		<b>Cancelled:</b>	
<b>No Show:</b>		<b>No Show:</b>		<b>No Show:</b>	
<b>Date of Last Session:</b>		<b>Date of Last Session:</b>		<b>Date of Last Session:</b>	

**Summary / Recommendations / Goals / Safety Plan**  
*Please add new notes in the summary to notes from the previous monthly reports on the same document.*