

**ADMINISTRATIVE OFFICE OF THE COURTS**

Problem Solving Treatment Courts

**Early Childhood Court**

(Please fill out all blank fields)

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| **CHILD PARENT PSYCHOTHERAPY PROGRESS REPORT** |
| **Therapist Name:** |  |
| **Agency:** |  |
| **Therapist’s Contact Number:** |  |
|  |
| **Child’s Name** | **Mother’s Name** | **Father’s Name** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |
| **Date of Intake:** |  | **Child’s ACE Score:** |  |
| **PITA Assessment Date:** |  | **PITA Score:** |  |
|  |
| **Child’s Attendance** | **Mother’s Attendance** | **Father’s Attendance** |
| **Attended:**  |  | **Attended:**  |  | **Attended:**  |  |
| **Cancelled:** |  | **Cancelled:** |  | **Cancelled:** |  |
| **No Show:** |  | **No Show:** |  | **No Show:** |  |
| **Date of Last Session:** |  | **Date of Last Session:** |  | **Date of Last Session:** |  |
|  |

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