

**ADMINISTRATIVE OFFICE OF THE COURTS**

Problem Solving Treatment Courts

**Early Childhood Court**

(Please fill out all blank fields)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** | |  | |
|  | | | | | | | | | | | |

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