

Cruson Counseling Center
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Weekly Parent Update Report

Child's Name: _____ Date: _____
 Parent's Name: _____

Please list 2 of your child's specific behaviors that are currently areas of concern:

- 1) _____
 2) _____

Note significant and/or new happenings in your child's life since the last session---positive and/or negative

At School---new teacher, chosen for honor (student of the week, etc.), good/bad grades, behavior problems, or improvements, detention, fight with friend, friend moved, etc.

At Home---parent working extra long hours, parents' separation, stress in marriage, child shared toys, completed chores, birthday, death in the family, pet dying, friend moving away, etc.

Environmental Changes---sleep pattern, appetite, changes in support system, moved to new home, grandma visiting, etc.

Physical Changes---complaints, loss/gain of weight, head or stomachache, started menstruating, signs of puberty, etc.

Weekly Ratings

Child's behavior, compared to last week

1	2	3	4	5	6	7	8	9	10	
Not as good				same						better

Child's mood/attitude toward life, compared to last week

1	2	3	4	5	6	7	8	9	10	
Not as good				same						better

Child's specific behavior concern (_____) compared to last week

1	2	3	4	5	6	7	8	9	10	
Not as good				same						better

My experience in my parental self-confidence compared to last week

1	2	3	4	5	6	7	8	9	10	
Not as good				same						better

I Would Like a Consult with the Therapist

_____ Very Important, I must see the therapist---today, if possible.
 _____ I need to meet with the therapist *before* next session, best day/time to call _____
 _____ I'd like to schedule a time to talk with the therapist next week at this time _____
 Issue of concern: _____