

Client:

Date:

Weekly Progress Monitoring Worksheet

Goals	Rate 0 - 7							
	0	1	2	3	4	5	6	7
	0	1	2	3	4	5	6	7
	0	1	2	3	4	5	6	7
	0	1	2	3	4	5	6	7
	0	1	2	3	4	5	6	7

Examples below are for therapist use. Remove this section before giving to parent.

Examples for Parents:

How stressed are you about parenting your child? (Not at all/Completely)

How many days did you use specific praise for the positive opposite behavior? (None/Daily)

How many times has your child been suspended in the last week? (None/Daily)

Examples for Child:

How much are the scary things that happened to you popping into your mind when you don't want them to? (None/Daily)

How much are you watching out for danger or things you're afraid of? (None/Daily)

How many days did you feel angry, grouchy, or mad? (None/All the time)

-Developed by Kelly Sullivan, Ph.D., Center for Child and Family Health; adapted by Ashley Fiore, LCSW