Therapist Questionnaire

Parent name(s):				Board #:	Return by	/:/	
Names of Child(ren)	:						
What is your understanding of why the child(ren) has entered care? Other:	derstanding of whySexual AbNeglect ered care?		Child's Emotional Problems Parents Incarceration Child's Behaviors		Parents Drug/Alcohol Abuse Child's Medical/Special Needs Child's Drug/Alcohol Abuse		
				P 12 1			
What do you understand		ReunificationGuardianshipLong-term foster care					
the permanency objective		AdoptionSelf-sufficiencyIndependent livingIn transitionUnknow					
of the child(ren) to be?		Self-sufficiencyIndependent livingIn transitionUnknowlack of parental complianceservices not available in the area					
What problems if any, are keeping this plan from		lack of parental complianceservices not available in the arealack of funding for serviceslegal delays in filing for permanency					
succeeding?		child's behaviors/needsparental mental limitations/deficiency					
		child's behaviors/needsparental mental limitations/deficiencyon waiting list for serviceslegal delays due to criminal charges					
		on waiting	9 1131 101 301 11003	icgai aciays	ado to omminar one	21900	
Has the Case manager	ssed therapy go	als/ outcomes w	ith you?		YesNo		
Have you been given a copy of the current HHS Case plan			HS Case plan?			YesNo	
Do you feel you were given adequate information regarding y				our client(s)?		YesNo	
Is there contact between you and other mental health professionals rega					is case?	YesNo	
Please identify what, if	201/ n	andication vous	client(e) is ourron	tly taking:			
riease identity what, if	arry, ri	ledication your t		illy taking.			
Please identify the current therapy schedule:				WeeklyBi-weeklyMonthlyOther			
Places identify the type	of the	rany haina pray	idod:	Marital	FamilyIndivi	dual	
Please identify the type of therapy being provided:				MaritalFamilyIndividualDrug/Alcohol			
				Sexual PerpetratorIncest			
Who is present		Child E	Both parents		ad only Case mar		
during the			oster parents _	Other:	ad only oddo mai	lago.	
sessions?			_				
Are appointments regularly attended by your client(s)?					_	Yes	
Do you believe your client (s) is progressing in therapy? Plea						No	
Do you believe your cli	ent (s)	is progressing i	n therapy? Plea	se describe:			
							

Have any new	new live-in companionparent arrestedlost housingemotional abus					
problems developed since the initial intervention?	incarceration of parentphysical abusechild unwilling to return home					
	new child is born or duesexual abuse allegations have been made					
	alcohol/drug abusecriminal charges filed on abuse/neglect					
	<u>I</u>					
What do you recommer	nd as an estimated duration for therapy for your client(s)?					
What additional service	es would you recommend be provided to your client(s)?					
Do you believe that the services?	child(ren) could return home safely at this time with appropriateYesNo					
Please include here any more room.	ything else that you would like the Board to know; feel free to add extra pages if you need					
m completed by:	Date completed:/_					
	THANK YOU, PLEASE RETURN THIS FORM TO:					
	To respond by taped questionnaire, call 1-800-577-3272					