



**TrueHearted Counseling**  
**Stephen Eller, LPC**

**Parent Report**

Child's first name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Since the last time we met, how has your child's behavior been... (Circle an answer)

At home?	<b>Stable</b>	<b>Better</b>	<b>Worse</b>	<b>Mixed</b>
At school?	<b>Stable</b>	<b>Better</b>	<b>Worse</b>	<b>Mixed</b>
With friends?	<b>Stable</b>	<b>Better</b>	<b>Worse</b>	<b>Mixed</b>
Other places?	<b>Stable</b>	<b>Better</b>	<b>Worse</b>	<b>Mixed</b>

Add any notes below (optional):

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Since the last time we met, how has your child been... (Circle an answer)

Sleeping?	<b>Stable</b>	<b>Better</b>	<b>Worse</b>	<b>Mixed</b>
Eating?	<b>Stable</b>	<b>Better</b>	<b>Worse</b>	<b>Mixed</b>
Physically?	<b>Stable</b>	<b>Better</b>	<b>Worse</b>	<b>Mixed</b>
Emotionally?	<b>Stable</b>	<b>Better</b>	<b>Worse</b>	<b>Mixed</b>

Add any notes or other concerns below (optional):

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Signature of Parent or Guardian