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| **Parent Feedback Form for Group**  **(One is needed at EVERY group session)** |
| **Date:** Click here to enter a date. |
| **Group Member's Name:** Click or tap here to enter text. |
| **Parent's Name:** Click or tap here to enter text. |
| **Parent's Phone: Home:** Click or tap here to enter text. **Work**: Click or tap here to enter text. **Cell:** Click or tap here to enter text. |
| **Email:** Click or tap here to enter text.  **(Please initial that we have your permission to contact you by email)** |
| **Any Insurance Change: Yes:**. Click or tap here to enter text. **No:** Click or tap here to enter text. **If yes, please attached a copy of the new card, front and back.** |
| **Medication(s): Please list all and list each session:** Click or tap here to enter text.. |
| **Group Member's Individual Goal (s) Can stay the same or change and is not the same as the group's topic)** Click or tap here to enter text. |
| **Group Member's Score of Themselves (On a scale of 1 (low) to 10 (high): Why** Click or tap here to enter text. |
| **Parent's Score of Group Member (On a scale of 1 (low) to 10 (high): Why** Click or tap here to enter text. |
| **Information for Dr. Berk:** Click or tap here to enter text. |
| **Any issue parents or group participant would like anonymously to see discussed in group:** Click or tap here to enter text. |
| **Note: All information on this from is open to be shared in group unless you note differently. This action is to help your son/daughters progress.** |
| **A COPY OF THIS FORM MUST BE COMPLETED BY THE PARENT AND THE GROUP MEMBER AND IS TO BE SENT TO EACH GROUP SESSION. This form can be found on the website under Groups and Forms and also Telehealth** |
| **☐ I have**  **☐ I have not scheduled a family check-in. These are a minimum of every 6 months and an opportunity to get feedback from Dr. Berk with additional ideas to help with progress.** |
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