

Louisiana State University Health Sciences Center Play Therapy Clinic

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Parent Consultation Feedback Form

Parents: Please note any changes requested below. These forms are to be completed prior to your scheduled family session without your child. This form will aid the therapist in working better with you and your child. Please complete to the best of your knowledge, if you do not have any information for a section, please write N/A.

Positive Changes: _____

_____.

Issues That Have Remained the Same:

_____.

Negative Changes:

_____.

New Insights/Changes/Issues Discovered:

_____.

What I am looking to learn today or talk about today:

_____.

Needs: _____

_____.

Other/Additional Information Needing To Be Reported:

Please rate the following items on the scale as they apply to you, with 1 meaning “not at all” and 5 meaning “very much.”

I see my role in my child’s presenting issues.

1 2 3 4 5

Not as all Very Much

I find play therapy is beneficial for my child.

1 2 3 4 5

Not as all Very Much

My level of anxiety/stress when applying the skills learned through consultations at home.

1 2 3 4 5

Not as all Very Much

It is important for me to use skills at home.

1 2 3 4 5

Not as all Very Much

I have been accurately using the skills provided in my caregiver consultations.

1 2 3 4 5

Not as all Very Much

I am able to see how the play therapy skills make a difference for my child when I use them

1 2 3 4 5

Not as all Very Much

I have made changes in my parenting skills with my child.

1 2 3 4 5

Not as all Very Much

I have made changes in the relationship with my child.

1 2 3 4 5

Not as all Very Much

I see my child making changes.

1 2 3 4 5

Not as all Very Much

I see my child developing new coping skills.

1 2 3 4 5

Not as all Very Much

I understand my child's point of view.

1 2 3 4 5

Not as all

Very Much

I am able to understand what my child needs in relationship to his needs, desires, wants, etc.

1 2 3 4 5

Not as all

Very Much

I feel like the therapist and I are working in a partnership.

1 2 3 4 5

Not as all

Very Much

I would like the therapist to provide me feedback on my parenting skills.

1 2 3 4 5

Not as all

Very Much

I would like the therapist to provide me feedback on my relationship with my child.

1 2 3 4 5

Not as all

Very Much

My level of anxiety/stress about my child's presenting issues.

1 2 3 4 5

Not as all

Very Much

My level of anxiety/stress about parent consultations.

1 2 3 4 5

Not as all

Very Much

The dynamics in the family are changing.

1 2 3 4 5

Not as all

Very Much

I believe that every family member has a part in my child's presenting issues.

1 2 3 4 5

Not as all

Very Much