

# Louisiana State University Health Sciences Center Play Therapy Clinic

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## Weekly Teacher Report

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Date: \_\_\_\_\_ Child's Name/age: \_\_\_\_\_  
Therapist: \_\_\_\_\_ Parent's name: \_\_\_\_\_

**I. Note significant and/or new happenings in child's life since last session (positive and/or negative). If more space needed, use back to write additional information.**

At school: new teacher, received honor, low grades, behavior problems/detention, fight with friend, friend moved, etc:

Physical changes: complaints, loss/gain of weight, head or stomachache, started menstruating, signs of puberty, etc

**III. Assessment of Changes in Child: (identify 2 target behaviors of concern). Please be mindful that you are comparing behaviors, emotions, interactions from the previous week.**

**Child's overall behavior, compared to last week:**

\_\_\_\_\_

1	2	3	4	5	6	7	8	9	10
not as good			same				better		

**Child's behavior of concern ( \_\_\_\_\_ ), compared to last week:**

\_\_\_\_\_

1	2	3	4	5	6	7	8	9	10
not as good			same				better		

**Child's behavior of concern ( \_\_\_\_\_ ), compared to last week:**

\_\_\_\_\_

1	2	3	4	5	6	7	8	9	10
not as good			same				better		

**Child's mood/attitude toward life, compared to last week:**

\_\_\_\_\_

1	2	3	4	5	6	7	8	9	10
not as good			same				better		

**My experience in teaching for the identified child is (stressful vs. enjoyable, i.e. I felt in control vs. out of control, etc) compared to last week:**

\_\_\_\_\_

1	2	3	4	5	6	7	8	9	10
not as good			same				better		

**Play Therapy Objectives:** Please indicate your conclusions/observations about your child based on the objective measures indicated in the initial consultation. Please be mindful that you are comparing behaviors, emotions, interactions from the previous week.

**Develop a more positive self-concept:**

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1 2 3 4 5 6 7 8 9 10  
*not as good*                      *same*                      *better*

**Assume greater self responsibility:**

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1 2 3 4 5 6 7 8 9 10  
*not as good*                      *same*                      *better*

**Become more self-directing**

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1 2 3 4 5 6 7 8 9 10  
*not as good*                      *same*                      *better*

**Become more self-accepting:**

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1 2 3 4 5 6 7 8 9 10  
*not as good*                      *same*                      *better*

**Become more self-reliant:**

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1 2 3 4 5 6 7 8 9 10  
*not as good*                      *same*                      *better*

**Engage in self-determined decision making:**

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1 2 3 4 5 6 7 8 9 10  
*not as good*                      *same*                      *better*

**Experience a feeling of control**

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1 2 3 4 5 6 7 8 9 10  
*not as good*                      *same*                      *better*

**Become sensitive to the process of coping:**

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1 2 3 4 5 6 7 8 9 10  
*not as good*                      *same*                      *better*

**Develop an internal source of evaluation:**

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1 2 3 4 5 6 7 8 9 10  
*not as good*                      *same*                      *better*

**Become more trusting of self:**

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1 2 3 4 5 6 7 8 9 10  
*not as good*                      *same*                      *better*

Recovery time from \_\_\_\_\_ (identified behaviors, emotions, etc. i.e., meltdown, screaming, etc) as compared to last week:

1 2 3 4 5 6 7 8 9 10

not as good

same

better