



MENTAL HEALTH OBSERVATION/ PROGRESS NOTE

STUDENT NAME: _____		LOCATION: _____
		DATE: _____
Time Spent in Child Direct Services	Time Spent in Parent Direct Services	Time Spent in Parent Training

OBSERVATIONS			
Crying/Whining <input type="checkbox"/> None <input type="checkbox"/> A little <input type="checkbox"/> A lot	Verbal Response to Questions <input type="checkbox"/> Willing <input type="checkbox"/> Reluctant <input type="checkbox"/> No Response	Persistence <input type="checkbox"/> Stays with Task <input type="checkbox"/> Attempts Task <input type="checkbox"/> Refuses Task	Attention <input type="checkbox"/> Consistant <input type="checkbox"/> Intermittant <input type="checkbox"/> Non-Attentive
Impulsivity <input type="checkbox"/> Impulsivity: _____ <input type="checkbox"/> Non-Impulsivity	Activity Level <input type="checkbox"/> Sits Quietly <input type="checkbox"/> Some Wiggling <input type="checkbox"/> Excessive Wiggling	Understanding of Directions <input type="checkbox"/> Easily Understands <input type="checkbox"/> Needs Repitition <input type="checkbox"/> Unwilling/Unable to Follow Directions	Participation <input type="checkbox"/> Willing <input type="checkbox"/> W/ Encouragement <input type="checkbox"/> Unwilling <input type="checkbox"/> Inappropriate
DOCUMENTATION			

