PC-CARE LOG

Child's Initials:_____

Trainee/Therapist:_____ Caregiver's PC-CARE participation: Primary ◯ Secondary ◯

Agency:_____ Referred by:_____

Child Info

Child's Age: _____ Sex: Male ◯ Female ◯

Child's Ethnicity: _____ Primary Language: _____

Length of time with this caregiver: _____

Caregiver Info from Family Life Questionnaire

Relationship of caregiver to child: _____ Adult ethnicity: _____

Primary Language: _____ Age of cgvr: _____ Years of schooling _____

Caregiver gender: Male ◯ Female ◯ Other ◯ **Custody status** (bio parents): ◯ Full ◯ Partial/joint ◯ Reunifying

Marital Status: ◯ Married ◯ Living with partner ◯ Divorced ◯ Separated ◯ Widowed ◯ Single/Never Married

Work status: ◯ Employed ____ hrs/week ◯ Full-time foster parent ◯ Unemployed ◯ Student ◯ Disabled ◯ Retired

Trauma History (from ECTSS) **Perpetrators:**

History of sexual abuse: None ◯ Yes ◯ 1)_____ 2)_____

History of physical abuse: None ◯ Yes ◯ 1)_____ 2)_____

History of neglect: None ◯ Yes ◯ 1)_____ 2)_____

Domestic Violence: None ◯ Yes ◯ 1)_____ 2)_____

Prenatal exposure to AOD: None ◯ Yes ◯ (Type of substance(s): _____)

ECTSS/CATS Number of Events: _____

Treatment Info:

Skills	Pre-Tx Date:	Session 1 Date:	Session 2 Date:	Session 3 Date:	Session 4 Date:	Session 5 Date:	Session 6 Date:
#Neutral Talk							
#PRIDE Skills							
#Questions							
#Commands							
#Negative Talk							
PCIQI Parent Total							
PCIQI Child Total							

Strategies to Manage Behavior *Check if occurred*	*Pre-Tx 12-Min Observation*	*Post-Tx 12-Min Observation*
Transitions	☐	☐
Compliance Friendly Environment	☐	☐
Redirecting	☐	☐
Modeling	☐	☐
Selective Attention	☐	☐
Calming	☐	☐
Rules	☐	☐
When-Then/If-Then	☐	☐
Choices	☐	☐
Consistent Consequences	☐	☐
Redo	☐	☐
Recovery	☐	☐

Was child referred for other services after completing PC-CARE? ◯ **YES** ◯ **NO**

Explain: _____

Weekly WACB's:

	Pre-Tx	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
Intensity Score	_____	_____	_____	_____	_____	_____	_____
Problem Score	_____	_____	_____	_____	_____	_____	_____

ECTSS/CATS

	Pre (raw score)	**Post** (raw score)
Symptom Score	_____	_____

TAI

	Post (raw score)
Total Score	_____