

Child's Initials: _____

Total Number of PC-CARE Clients screened during PC-CARE Training: _____

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

Agency: _____ Referred by: _____

Child Info

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

Child's Primary Language: _____

Length of time with this caregiver: _____ (e.g., since birth, reunifying, less than a month, 1-3 months, 3 years)

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): _____)

Please use specific relationship language, e.g. "stepbrother" instead of "sibling"; "mother" rather than "bio parent"; etc

Number of Traumatic Events on ECTSS/CATS or other Trauma measure: _____

Treatment Info

WRITE CODES FROM FIRST 4 MINUTES OF OBSERVATIONAL CODING (NOT 12 MINS)

CODES	Pre-Tx Date:	Sess1 Date:	Sess2 Date:	Sess3 Date:	Sess4 Date:	Sess5 Date:	Sess6 Date:
<i>4 MINS ONLY</i>	_____	_____	_____	_____	_____	_____	_____
#Neutral Talk:	_____	_____	_____	_____	_____	_____	_____
#PRIDE Skills:	_____	_____	_____	_____	_____	_____	_____
#Questions:	_____	_____	_____	_____	_____	_____	_____
#Commands:	_____	_____	_____	_____	_____	_____	_____
#Negative Talk:	_____	_____	_____	_____	_____	_____	_____
PCIQI Parent Total:	_____	_____	_____	_____	_____	_____	_____
PCIQI Child Total:	_____	_____	_____	_____	_____	_____	_____

STRATEGIES TO MANAGE BEHAVIOR (Check if cgvr used during 12 mins)	PRE-TX 12 MIN OBSERVATION	POST-TX 12-MIN OBSERVATION
Transitions	<input type="checkbox"/>	<input type="checkbox"/>
Adjust the Environment	<input type="checkbox"/>	<input type="checkbox"/>
Redirecting	<input type="checkbox"/>	<input type="checkbox"/>
Modeling	<input type="checkbox"/>	<input type="checkbox"/>
Selective Attention	<input type="checkbox"/>	<input type="checkbox"/>
Calming	<input type="checkbox"/>	<input type="checkbox"/>
Rules	<input type="checkbox"/>	<input type="checkbox"/>
When-Then/If-Then	<input type="checkbox"/>	<input type="checkbox"/>
Choices	<input type="checkbox"/>	<input type="checkbox"/>
Consistent Consequences	<input type="checkbox"/>	<input type="checkbox"/>
Redo	<input type="checkbox"/>	<input type="checkbox"/>
Recovery	<input type="checkbox"/>	<input type="checkbox"/>

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

IF YES, Explain: _____

Weekly WACBs:

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

ECTSS/CATS

(or Other Trauma Measure)

Pre

(raw score)

Post

(raw score)

Symptom Score: _____

PC-CARE Satisfaction Survey

Post PSS

(raw score)

Total Score: _____

Please fill out **EVERY FIELD** of the PC-CARE Log form before submitting for certification