

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