Hearts and Homes for Youth Weekly Progress Log

Youth Name: _____ Treatment Parent(s): _____

Dates: _____ to _____ Date Submitted: _____

1a. Progress Toward Treatment Goals/Objectives

Rate the youth's progress toward goals/objectives for each day of the week with the following scale:

1= Poor Significant negative event occurred; no effort shown; no pro-social skills demonstrated	**2= Fair** (Minor negative event occurred; some effort shown, limited progress in skills development)	**3= Good** (No negative events; noticeable effort shown; progress made in skill development)
4= Excellent (No negative events; consistent effort shown; achieved with competence/skill)	**N/A= Unable to Score** (i.e. not in home, no opportunity to practice new skill, etc.)	

Treatment Skills and Interventions

Active Listening (AL)	Redirection (Rd)
Social Rewards (SR)	Time in or Time away (Tm i/a)
Non-Verbal Communication (NvC)	Prompting or
Natural/Imposed Consequences (N/IC)	Directive Statements (P or DS)
I-feel Messages (I-f M)	If-then Statements (I-t S)
Conflict Resolution (CR)	Skill Teaching (ST)

Goal/Objective	Day	Score	Treatment Skills Used (circle all that apply)						Daily Progress and Effectiveness of Skills Used and Interventions Used
1.	Mon		AL	SR	Nv C	N/IC	I-f M	Rd	
			Tm i/a	P or DS	I-t S	ST	CR		
	Tues		AL	SR	Nv C	N/IC	I-f M	Rd	
			Tm i/a	P or DS	I-t S	ST	CR		
	Wed		AL	SR	Nv C	N/IC	I-f M	Rd	
			Tm i/a	P or DS	I-t S	ST	CR		
	Thurs		AL	SR	Nv C	N/IC	I-f M	Rd	
			Tm i/a	P or DS	I-t S	ST	CR		
	Fri		AL	SR	Nv C	N/IC	I-f M	Rd	
			Tm i/a	P or DS	I-t S	ST	CR		
	Sat		AL	SR	Nv C	N/IC	I-f M	Rd	
			Tm i/a	P or DS	I-t S	ST	CR		
	Sun		AL	SR	Nv C	N/IC	I-f M	Rd	
			Tm i/a	P or DS	I-t S	ST	CR		

Goal/Objective	Day	Score	Treatment Skills Used (circle all that apply)						Daily Progress and Effectiveness of Skills Used and Interventions Used
2.	Mon		AL	SR	Nv C	N/IC	I-f M	Rd	
			Tm i/a	P or DS	I-t S	ST	CR		
	Tues		AL	SR	Nv C	N/IC	I-f M	Rd	
			Tm i/a	P or DS	I-t S	ST	CR		
	Wed		AL	SR	Nv C	N/IC	I-f M	Rd	
			Tm i/a	P or DS	I-t S	ST	CR		
	Thurs		AL	SR	Nv C	N/IC	I-f M	Rd	
			Tm i/a	P or DS	I-t S	ST	CR		
	Fri		AL	SR	Nv C	N/IC	I-f M	Rd	
			Tm i/a	P or DS	I-t S	ST	CR		
	Sat		AL	SR	Nv C	N/IC	I-f M	Rd	
			Tm i/a	P or DS	I-t S	ST	CR		
	Sun		AL	SR	Nv C	N/IC	I-f M	Rd	
			Tm i/a	P or DS	I-t S	ST	CR		

Goal/Objective	Day	Score	Treatment Skills Used (circle all that apply)						Daily Progress and Effectiveness of Skills Used and Interventions Used
3.	Mon		AL	SR	Nv C	N/IC	I-f M	Rd	
			Tm i/a	P or DS	I-t S	ST	CR		
	Tues		AL	SR	Nv C	N/IC	I-f M	Rd	
			Tm i/a	P or DS	I-t S	ST	CR		
	Wed		AL	SR	Nv C	N/IC	I-f M	Rd	
			Tm i/a	P or DS	I-t S	ST	CR		
	Thurs		AL	SR	Nv C	N/IC	I-f M	Rd	
			Tm i/a	P or DS	I-t S	ST	CR		
	Fri		AL	SR	Nv C	N/IC	I-f M	Rd	
			Tm i/a	P or DS	I-t S	ST	CR		
	Sat		AL	SR	Nv C	N/IC	I-f M	Rd	
			Tm i/a	P or DS	I-t S	ST	CR		
	Sun		AL	SR	Nv C	N/IC	I-f M	Rd	
			Tm i/a	P or DS	I-t S	ST	CR		

1b. Working Relationship with Youth				
Overall, what is the strength of your relationship between you and the youth this week? (1 = Not Strong and 5 = Very Strong)				
1	**2**	**3**	**4**	**5**
Explain:				

2. Contact Information and Services Received

Contact/Activity	Date	Time	With Whom	Outcome
Biological Family Visitation				
Respite Placement				
Hospitalization (Psychiatric or Medical)				
Hearts and Homes Face Visit				
AWOL				
Detention/Incarceration				
Social Activities (Camp, After School Activity, Tutoring, Sports, Recreation)				
Treatment Home Recreation/Engagement				
Mental Health Services				
Medical/Dental Appointments				
Other:				

What support and services were provided to the Treatment Foster Home to assist with weekly progress towards goals?

Treatment Parent Date

Clinical Case Manager Date

Program Director Date