

## Hearts and Homes for Youth Weekly Progress Log

Youth Name: \_\_\_\_\_ Treatment Parent(s): \_\_\_\_\_

Dates: \_\_\_\_\_ to \_\_\_\_\_ Date Submitted: \_\_\_\_\_

<b>1a. Progress Toward Treatment Goals/Objectives</b>										
Rate the youth's progress toward goals/objectives for each day of the week with the following scale:						<b>Treatment Skills and Interventions</b>				
<b>1= Poor</b> Significant negative event occurred; no effort shown; no pro-social skills demonstrated	<b>2= Fair</b> (Minor negative event occurred; some effort shown, limited progress in skills development)	<b>3= Good</b> (No negative events; noticeable effort shown; progress made in skill development)				Active Listening (AL) Social Rewards (SR) Non-Verbal Communication (NvC) Natural/Imposed Consequences (N/IC) I-feel Messages (I-f M) Conflict Resolution (CR)		Redirection (Rd) Time in or Time away (Tm i/a) Prompting or Directive Statements (P or DS) If-then Statements (I-t S) Skill Teaching (ST)		
<b>4= Excellent</b> (No negative events; consistent effort shown; achieved with competence/skill)	<b>N/A= Unable to Score</b> (i.e. not in home, no opportunity to practice new skill, etc.)									
Goal/Objective	Day	Score	Treatment Skills Used (select all that apply)						Daily Progress and Effectiveness of Skills Used and Interventions Used	
<b>1.</b>	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 (select all that apply)						Daily Progress and Effectiveness of Skills Used and Interventions Used
2.	Mon		AL	SR	Nv C	N/IC	I-fM	Rd	
			Tm i/a	P or DS	I-t S	ST	CR		
	Tues		AL	SR	Nv C	N/IC	I-fM	Rd	
			Tm i/a	P or DS	I-t S	ST	CR		
	Wed		AL	SR	Nv C	N/IC	I-fM	Rd	
			Tm i/a	P or DS	I-t S	ST	CR		
	Thurs		AL	SR	Nv C	N/IC	I-fM	Rd	
			Tm i/a	P or DS	I-t S	ST	CR		
	Fri		AL	SR	Nv C	N/IC	I-fM	Rd	
			Tm i/a	P or DS	I-t S	ST	CR		
	Sat		AL	SR	Nv C	N/IC	I-fM	Rd	
			Tm i/a	P or DS	I-t S	ST	CR		
	Sun		AL	SR	Nv C	N/IC	I-fM	Rd	
			Tm i/a	P or DS	I-t S	ST	CR		

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

**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