

PARENT EVENING REPORT SHEET/Reporte Diario De Los Padres

PATIENT/Paciente: _____

DATE/Fecha: ____/____/____

Level/Nivel de grado: Grades/Grados: K,1,2 Grades/Grados: 3,4,5 Grades/Grados: 6,7,8 Grades/Grados: 9 – 12

Dear Parents: It is important for you to take the time to complete this and give it to your son/daughter to bring back to the Excel Center each morning. It is your son/daughter's responsibility to turn in the form to staff or you may fax the form to 972-906-5744. This information will be discussed in group. If there is any information that you do not want to be shared, please indicate that on this sheet. *Queridos Padres: Es importante que tome tiempo para completar esta forma, y regresarla a Excel cada mañana con su hijo/a. Esta forma se compartira en el grupo de terapia. Si hay algo que no quiere que se discuta adelante del paciente, por favor de indicarlo. Tambien se puede mandar por fax al 972-906-5744.*

1. Have you monitored and made sure your child has taken medications as prescribed? Yes No
Ha monitoreado y asegura de que el paciente se esta tomando el medicamento recedato? Si No

Comments/Comentarios: _____

2. Is your child sleeping restfully? Yes No Concerns about sleep: _____
El paciente duerme tranquilamente durante la noche? Si No Explique preocupaciones: _____

3. Overall appetite: Normal Lack of appetite Overeating Comments: _____
Apetito: Normal Falta de apetito Comer en exceso Comentarios: _____

4. Has your child had any of the following this evening? *El paciente esta teniendo?*
 Anger Outbursts *Ataques de enojo/Explosion de furia*
 Isolative Behavior *Comportamiento de aislamiento*
 Self harm behaviors *Comportamiento de danarse/hacerse dano*

If yes, please explain/Si lo hay explique _____

5. What behaviors do your see that have improved this evening? *Que comportamientos han mejorado?*

6. What behaviors do you see that are in need of improvement this evening? *Que comportamientos necesitan mejorar?*

7. To your knowledge, has your child communicated after hours with other patient(s) at Excel? Yes No
Se ha comunicado el paciente despues de horas con otros pacientes en Excel? Si No

If yes, please list the name(s)/Si lo hay indique sus nombres? _____

8. Do you have any questions/concerns about your child's performance in school? *Tiene preguntas sobre el desempeno de la escuela?*

9. Please list any specific concerns you wish to communicate with staff? *Note cualquier preocupacion que necesitamos saber del paciente?*

INSURANCE COMPANIES REQUIRE THAT AFTERCARE APPOINTMENTS BE MADE PRIOR TO DISCHARGE FROM THE EXCEL PROGRAM. *Las companias de seguro medico require que unas citas de cuidado posterior sean echas antes de la descarga del programa Excel.*

APPOINTMENTS MADE/Las citas:

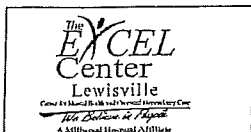
PSYCHIATRIST/Psiquiatra: _____ DATE/Dia: ____/____/____ TIME/Tiempo: _____

THERAPIST/Terapeuta: _____ DATE/Dia: ____/____/____ TIME/Tiempo: _____

PARENT/GUARDIAN SIGNATURE/FIRMA DE PADRE/TUTOR:

PARENTS/Padres: _____ DATE/Dia: ____/____/____ TIME/Tiempo: _____

STAFF/Personal: _____ DATE/Dia: ____/____/____ TIME/Tiempo: _____



PARENT EVENING REPORT SHEET

PATIENT NAME: