PCIT-Toddlers
Check-In Sheet

Have any major stressors occurred since your last session that your therapist should be aware of?

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If so, have these major stressors impacted your mood, behavior, and ability to deliver the therapy to your child for five minutes each day?

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How have you noticed the impact of your expression of your emotions and behavior on your child’s expression of his or her emotions and behavior?

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Please note one time during the previous week where you felt connected to your child or you noticed a strength in your child.

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