



MARY ALICE  
FUHRER, LCSW

**PARENT REPORT**  
*Parents: Please complete this report and return prior to your child's session. If you wish, you may email a report to [mafuhrer@att.net](mailto:mafuhrer@att.net).*

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Completed By: \_\_\_\_\_

1. Please list any significant events that have occurred since last visit:

---

---

2. Brief description of child's behavior, mood, etc in past week:

---

---

3. Do you have any specific concerns or questions today?

---

---

4. Progress toward goals

How satisfied are you with the progress you and your child are making toward therapy goals?

Goal \_\_\_\_\_

Very Dissatisfied	Dissatisfied	Neutral - Unsure	Satisfied	Very Satisfied
-2	-1	0	1	2

How satisfied are you with the progress you and your child are making toward therapy goals?

Goal \_\_\_\_\_

Very Dissatisfied	Dissatisfied	Neutral - Unsure	Satisfied	Very Satisfied
-2	-1	0	1	2