

WEEKLY CASE MANAGEMENT SUMMARY

Family Name: _____ Week of: _____

Parent Services:

Individual Therapy: _____ Date: _____

Family Therapy: _____ Date: _____

Group Counseling: _____ # of Clinical groups attended: _____

Skill Groups

Life Skills : _____ Vocational Group: _____ Feelings Process: _____

Nurturing Program: _____ Parent Education with Early Intervention: _____

Medical Care: _____ Date: _____

(list any medical appointments or urgent care visits by parent)

Dental Care: _____ Date: _____

(list any appointments by parent)

Volunteer Placement: _____ Phase: _____

(please list placement & hours worked)

Adult Education: _____ Phase: _____

(please list placement & hours attended)

Appointments or Visits (please describe nature of appointment & date)

1. DSS: _____

2. School: _____

3. TAFDC: _____

4. Legal (court/attorney/probation): _____

5. Other (please describe): _____

Recovery Activities:

Sponsor contact: _____ # of meetings _____ # of phone calls _____ # of individual meetings

Meetings Attended: _____ # with House _____ # other



In-House Services	“One on One” with Case Manager,	Child Advocate
_____	_____	_____
_____	Personal Development	Case conference (monthly)
_____	Family Activity	# Playtimes
_____	_____	_____

Children’s Services:

1. Name of Child: _____

Medical Care: _____ Dental Care: _____

Individual Therapy: _____

School/Day Care/ Head Start/ Camp (circle one): _____ # days attended

_____ # of days absent, Reason: _____

Afterschool/Recreational Activities: _____ # of days attended
(please describe)

2. Name of Child: _____

Medical Care: _____ Dental Care: _____

Individual Therapy: _____

School/Day Care/ Head Start/ Camp (circle one): _____ # days attended

_____ # of days absent, Reason: _____

Afterschool/Recreational Activities: _____ # of days attended
(please describe)

3. Name of Child: _____

Medical Care: _____ Dental Care: _____

Individual Therapy: _____

School/Day Care/ Head Start/ Camp (circle one): _____ # days attended

_____ # of days absent, Reason: _____

Afterschool/Recreational Activities: _____ # of days attended
(please describe)

Staff Signature _____ Date _____

