|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| CAlogo.jpeg | **Parent Instruction Exit Report** | | | | | |
| FAMLINK CASE ID | FAMILY NAME | | CA SOCIAL WORKER | | AGENCY PROVIDING SERVICE | |
| DATE OF REFERRAL | PARENT INSTRUCTOR NAME | | INSTRUCTOR E-MAIL | | NAME OF STANDARDIZED CURRICULUM(S) USED | |
| SERVICE TERMINATION DATE | DATE OF REPORT | | REUNIFICATION  PLACEMENT PRESERVATION/PLACEMENT PREVENTION | | | |
| LOCATION OF SERVICE DELIVERY  OFFICE  CLIENT RESIDENCE  OTHER *(Please describe)* | CHILD PRESENT FOR SERVICE  YES  NO | NUMBER OF SESSIONS COMPLETED    *Parenting Instruction is limited to the number of hours stated on the referral form and shall not exceed limits posted on the rate sheet for the region that service was provided in* [*http://www.dshs.wa.gov/ca/partners/contractRates.asp*](http://www.dshs.wa.gov/ca/partners/contractRates.asp) *.*  *Services beyond those outlined in the rate sheet are not authorized for payment without a new referral with Area Administrator signature/authorization.* | | | | |
| **Clients Identified for Service** | | | | | | |
| CLIENT NAME | | | | ENGAGED IN SERVICE | | |
|  | | | |  | | |
|  | | | |  | | |
|  | | | |  | | |
| **CA Identified Service Goals**  *Document the original goals from the service referral and from any additional communication that you have had with the social worker.* | | | | **Additional Goals Identified by Provider**  *Document goals that the family has identified or that you have identified in your direct work with the family. Any additional service goals must be approved by the social worker, be a goal that supports the original CA identified service goals, or directly tied to safety, permanency or well-being of the child.* | | |
| SERVICE GOAL | | OUTCOME | | SERVICE GOAL | | OUTCOME |
|  | |  | |  | |  |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **Summary of Progress** |
| If Parenting Instruction was not completed for any reason, please describe the circumstances that contributed to the family not completing a specific session or the entire service.    Describe the strengths specific to parenting that existed in this family prior to this service:    Describe specific ways that the family has improved their home environment to increase sustainable child safety:    Document the family’s perspective on how their parenting has changed during this intervention:    Document specific ways in which the caregiver has applied skills learned in this service that demonstrate the caregiver’s increased ability to independently meet their child’s specific needs and handle day to day parenting situations successfully.    If there continue to be concerns about the application of skills, or with the child’s needs not being recognized and/or met consistently by the caregiver, please provide specific documentation below that outlines the areas that need further intervention and how they relate specifically to child safety and/or well-being:    Detail additional services or supports that may increase safety, functioning, and stability of the family: |

**Exit summaries should be filled out and submitted to the assigned CA social worker by the 10th calendar day following the month of service in these situations:** Notification by CA social worker that the service must end or is no longer authorized, client does not respond to calls to schedule appointments with you, client advises you that they are declining services, client successfully completes all treatment/service goals that have been identified by CA, or if any of these situations occur and the assigned CA social worker and/or supervisor do not respond to your requests for information within 10 calendar days about whether services should continue to be authorized.

**A Monthly Report is also due for the month of service preceding the Exit Summary.**