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| CAlogo.jpeg | **Parent Instruction Monthly 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 |
| DATE OF REPORT | REUNIFICATION  PLACEMENT PRESERVATION/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 | |
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| **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, must support the original CA service goals, and/or be directly tied to safety, permanency or well-being of the child.* | |
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| **Session Summary** | | | | |
| **DATE & LENGTH OF SESSION** | **STAFF PROVIDING SERVICE** | **TOPIC/SESSION CONTENT**  *(in person face to face contacts)* | **SESSION SPECIFIC PROGRESS NOTES**  *Document how each session went with the caregiver(s), specific ways in which the caregiver is making progress in the topic presented, barriers to progress or internalization and application of new skills and ideas, the child’s response to the caregiver(s) progress, successes that the caregiver has had, areas that need further strengthening and the providers plan to support this need. Describe the standardized curriculum(s) used during each session as well as the specific skill set taught. Identify goals for the next session.* | **CAREGIVER PROGRESS** |
| DATE    SESSION LENGTH |  |  |  |  |
| DATE    SESSION LENGTH |  |  |  |  |
| DATE    SESSION LENGTH |  |  |  |  |
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| DATE    SESSION LENGTH |  |  |  |  |
| DATE    SESSION LENGTH |  |  |  |  |
| Document dates of any missed appointments/no shows:    Detail additional services or supports that may increase safety, functioning, and stability of the family:    Describe the caregiver’s current level of knowledge of parenting, their practical hands on skill in parenting, and the level to which the caregiver has been successful in understanding and applying safe parenting strategies with their children.    If you are recommending that services continue, please document specific skills that you will be working on with the family and a specific time frame that this work will be completed. | | | | |

**Reports are due to the assigned CA social worker by the 10th calendar day following the month of service.**