
COMMUNICATING WITH THERAPIST/ SUMMARY SHEET

CHILD INFORMATION

NAME OF CHILD

GENDER

DATE OF BIRTH

PREVIOUS CLINICAL DIAGNOSES

SUMMARY OF PROGRESS AND CURRENT DIFFICULTIES

ANXIETY PROBLEMS:

1.

2.

3.

4.

PREVIOUS THERAPIES:

DURING THE PROGRAM, WE WORKED ON...

EXPOSURES (MISSION PLANS):

1.

2.

3.

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COPING SKILLS THAT WORKED WELL FOR MY CHILD:

1.

2.

3.

THINGS THAT WERE DIFFICULT FOR MY CHILD:

1.

2.

3.

MY CHILD'S CURRENT ANXIETY:

1.

2.

3.

SITUATIONS THAT MAKE MY CHILD ANXIOUS:

1.

2.

3.

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SIGNS THAT MY CHILD IS ANXIOUS:

Anxiety Cue	Examples
Behaviors	
Physical Reactions	
Thoughts	