

---

# 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:

1.

2.

3.

---

# COMMUNICATING WITH THERAPIST/ SUMMARY SHEET

---

## 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.

---

# COMMUNICATING WITH THERAPIST/ SUMMARY SHEET

---

SIGNS THAT MY CHILD IS ANXIOUS:

Anxiety Cue	Examples
Behaviors	
Physical Reactions	
Thoughts	