

Monthly Progress Worksheet

Start Date: _____ End Date: _____

I have been meeting my treatment plan's goals in the following areas:

Diet _____ Exercise _____ Environment _____ Coping Strategies _____

If goals have not been met in any of the above areas, why? _____

Are there changes you'd like to make to your treatment plan? If so, what are they? _____

On a scale of 1 to 10, with 1 being "Never" and 10 being "All the Time," how often have you (or your child) struggled with the following during this period:

	← NEVER → ALL THE TIME →									
	1	2	3	4	5	6	7	8	9	10
Catching Details										
Motivation										
Focus										
Listening Skills										
Memory										
Restlessness										
Conversation Skills										
Patience										

Positive changes I'm seeing: _____

New or reoccurring issues to work on: _____