



PCIT-Toddlers Check-In Sheet

Have any major stressors occurred since your last session that your therapist should be aware of?

If so, have these major stressors impacted your mood, behavior, and ability to deliver the therapy to your child for five minutes each day?

How have you noticed the impact of your expression of your emotions and behavior on your child's expression of his or her emotions and behavior?

Please note one time during the previous week where you felt connected to your child or you noticed a strength in your child.
