**Treat First**

**Child/Youth Self Check-In & Session Check-Out Instruments**

**Self Check-In** (at the beginning of the visit)

Introduction:How are you doing? How are things going in your life? Circle a number on the scale to let us know. The closer to the smiley face, the better things are. The closer to the frowny face, things are not so good. *If you are a care giver filling out this form, please fill out according to how you think the child is doing.*

|  |  |
| --- | --- |
| **SELF CHECK-IN** |  |
| 1. How am I doing today? | 1………..…2……...…3…………..4………..…..5 ☹ ☺ |
| 2. How are things going in my family right now? | 1………..…2……...…3…………..4………..…..5 ☹ ☺ |
| 3. How are things going at school? | 1………..…2……...…3…………..4………..…..5 ☹ ☺ |
| 4. How is everything going | 1………..…2……...…3…………..4………..…..5 ☹ ☺ |

**Session Check Out** (at the end of the visit)

Introduction: *How was our time together today? Circle the number below to let us know how you feel.*

|  |  |  |
| --- | --- | --- |
|  | **Listening** |  |
| Did not listen to me today. | 1………..…2……...…3…………..4………..…..5 ☹ ☺ | Did Listen to me Today |
|  | **What I want** |  |
| We did not talk about what I wanted to. | 1………..…2……...…3…………..4………..…..5 ☹ ☺ | We did talk about what I wanted to |
|  | **What We did Today** |  |
| I did not like what we did today | 1………..…2……...…3…………..4………..…..5 ☹ ☺ | I liked what we did today |
|  | **Next Time** |  |
| Next time, I wish we could do something different | 1………..…2……...…3…………..4………..…..5 ☹ ☺ | Next time I’d like to do the same kind of things |