

**THE CHILDREN'S CENTER**

**THERAPEUTIC PRESCHOOL – TREATMENT PLAN REVIEW**

Child: \_\_\_\_\_ Date: \_\_\_\_\_  
DOB: \_\_\_\_\_ Therapeutic Preschool Specialist: \_\_\_\_\_  
Age: \_\_\_\_\_ Co-Therapeutic Preschool Specialist: \_\_\_\_\_  
Supervisor: \_\_\_\_\_

**ATTENDEES:**

Doug Goldsmith, PhD; Kristina Hindert, MD; Kristin Rokop, PhD; Pamela Wilkison, PhD;  
Julia Lidgard, MS/SLP; Eve Smith, LCSW; Nellie Arrieta, LCSW; Mariel Balzotti, CSW;  
Katherine Gardiner, LPC; Leslie Spear, MS; Danielle Warthen, BS

**Progress Toward Initial Referral Concerns:**

**Services Provided for the last 90 days:** (please check)

Speech Therapy \_\_\_ Individual Therapy \_\_\_ Coll. Therapy \_\_\_ Medication Management \_\_\_  
New Assessment \_\_\_ (Change in Diagnosis: Yes \_\_\_ No \_\_\_)

**Current Functioning of Child in Group Setting:**

**Progress Toward Treatment Goals:**

**Goal #:**

Frequency/Duration Update:

**Goal #:**

Frequency/Duration Update:

**Goal #:**

Frequency/Duration Update:

**Current Functioning of Child in Family:**

**Collateral Goal #:**

Frequency/Duration Update:

**Collateral Goal #:**

Frequency/Duration Update:

**Review of Speech/Language Treatment:**

**Review of Individual Therapy:**

**Medication Management:** (See Medical Section in Chart)

**Strengths of Child:**

**Strengths of Family:**

**Continued Need for Treatment, Recommendations & Discharge Plan:** (Address appropriateness of treatment provided):

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**Signature/Title**