

Parent Feedback Form for Group

Date: _____

Group Member's Name: _____

Parent's Name: _____

Parent's Phone: Home: _____ Work: _____ Cell: _____

Any Insurance Change: Yes No If yes, please attach a copy of the new card, front and back.
(Note: If you do not notify us of changes immediately, we cannot submit your insurance and you may be solely responsible for payment.)

Medication(s): Please list all and list each session:

Group Goal(s): _____

Group Member's Score of Themselves (On a scale of 1 to 10): _____

Why: _____

Parent's Score of Group Member (On a scale of 1 to 10): _____

Why: _____

Information for Dr. Berk: _____

Any issue parents or group participant would like anonymously to see discussed in group:

Note: All information on this form is open to be shared in group unless you note differently. This action is to help your son/daughter's progress.

**A COPY OF THIS FORM MUST BE COMPLETED BY THE PARENT AND THE GROUP MEMBER
AND IS TO BE SENT TO EACH GROUP SESSION**