Play Therapy Session Summary

* Session Modality

- [ ] Telehealth Session
- [ ] In-Office Session

Session Number:

* Client Arrived

- ( ) Early
- ( ) On Time
- ( ) Late

* Session Start time:

* Session End Time:

* Time spent in individual:

* Time spent in parent consultation:

Data - Counselor observation, other clinical data, and client report

* Significant Verbalizations:

* Limits Set (indicate detail and # of times limit set; describe process/if consequence and/or ultimate limit set):

- [ ] Protect Child (Physical & Emotional Safety)
- [ ] Protect Counselor and/or Maintain Counselor Acceptance/Relationship
- [ ] Protect Room/Toys
- [ ] Structuring
- [ ] Reality Testing
- [ ] Other
- [ ] None

* Toys/Play Behavior (check specific toys used):

- [ ] sand/water/sifter/bucket/shovels
- [ ] crafts/playdoh/markers/bubbles
- [ ] easel/paint/paper
- [ ] flashlight/phone
- [ ] cash register/money/tools
- [ ] kitchen/cooking/food
- [ ] dollhouse/doll family/Barbies
- [ ] baby/bottle/pacifier/bed/clothes
- [ ] medical kit/bandages/syringe/stethoscope
- [ ] instruments: drum/maraca/xylophone/tambourine/harmonica/recorder
- [ ] cars/trucks/emergency vehicles/planes
- [ ] blocks/constructive toys
- [ ] bop bag
- [ ] animals: domestic/zoo/dinosaurs/sea/reptiles
- [ ] puppets: people/animals
- [ ] dress up: clothes/jewelry/hats/masks/wand
- [ ] cleaning: broom/dustpan
- [ ] soldiers/gun/knife/sword/handcuffs/rope
- [ ] games: ring toss/balls
- [ ] other

* Observations (give brief description of play; indicate meaningful/sustained play, play disruption(s), and counselor-initiated activity):

Parent Report/Other Data:

Assessment - Clinical conceptualization & diagnostic impressions; measure of progress

* Play Themes (check predominant theme[s]):

- [ ] Exploratory
- [ ] Power/control
- [ ] Dependency
- [ ] Revenge
- [ ] Safety/security
- [ ] Mastery
- [ ] Relationship
- [ ] Nurturing
- [ ] Grief/loss
- [ ] Abandonment
- [ ] Protection
- [ ] Separation
- [ ] Helpless
- [ ] Reparation
- [ ] Resiliency
- [ ] Chaos/instability
- [ ] Perfectionism
- [ ] Integration
- [ ] Powerless
- [ ] Hopeless
- [ ] Anxiety
- [ ] Not yet established
- [ ] Other

* Conceptualization and Progress:

Plan/Recommendations (indicate short-term plan(s), homework, immediate treatment direction; note any need for consultation and/or referral)

* Next Appt. Date/Time:

* Recommendations:

- [ ] Continue current treatment modality
- [ ] Parent Consultation
- [ ] Family Session
- [ ] Group Session
- [ ] Sibling Session
- [ ] Request Records
- [ ] Counseling for parent(s)
- [ ] Filial therapy/parenting
- [ ] Medical Evaluation
- [ ] Psychological/psychoeducational testing
- [ ] School Consultation
- [ ] Professional Consultation
- [ ] Parent Resources
- [ ] Termination
- [ ] Other

Plan Notes: (if applicable)

* Note Written On: