

MENDEL PSYCHOLOGICAL ASSOCIATES

Child, adolescent, adult and family psychological services

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Child's Name _____

GOAL Please rate your child each day on each goal from 0 (lowest) to 4 (highest). Make sure to review each goal with your child on a daily basis, providing specific feedback about his or her behavior.	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	TOTAL POINTS
1.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	
2.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	
3.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	

How well did your child do in telling you about group this week? **0 1 2 3 4**

Parent's Notes: