# Credentialed Provider Documentation Form

| | | | | | | |
|---|---|---|---|---|---|---|
| **Child's Name:** | | **DOB** | | **Case ID** | | |
| **Referring Office:** | | **Child ID** | | **Case Name:** | | |
| DCF Worker:<br>DCF Supervisor: | | Phone:<br>Phone: | (  )<br>(  ) | Worker email:<br>Supervisor email: | | |
| Service Type (Name): | | Date(s) of Service | | | | |
| Staff Name: | | | | | | |
| Proposal Approval Period - | Total number of hours | | | | | |

Location where service occurred:

| | |
|---|---|
| Goals:<br>☐Child<br>☐Parent | 1. |
| | 2. |
| | 3. |
| | 4. |
| | 5. |

Progress Toward **each** Goal:

**Structured Activity:**

Relationship with **each goal** listed above as applicable:

**Strengths**

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| **Challenges/Concerns** |
| --- |
| |
| **Intervention/Re-direction** |
| |
| **Feedback Given** |
| |
| **What other skills do the child/parent need to work on:** |
| |
| **Narrative Summary:** |
| |

Submitted by (Name and signature):_____

Submitted on (Date): _____