

# NorthPointe Center Evening Point Sheet

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date

Dear Parents: It is important for you to take the time to complete this and give it to your son/daughter to bring back to NorthPointe Center each morning. It is your son/daughter's responsibility to turn in the form to staff. This report is shared in group therapy.

A check (✓) means child completed goal for that hour. A dot (•) means child did not complete goal for that hour.

Times	PM	PM	PM	PM	PM	AM	AM	AM
1. Use coping skills for any presenting problem.								
2. Follows Directions and rules.								
3. Interacts appropriately with others.								

4. What behavior do you see improved (if any) this evening?  
\_\_\_\_\_  
\_\_\_\_\_

5. What behavior do you see as most needing improvement this evening?  
\_\_\_\_\_  
\_\_\_\_\_

6. Is client having anger outbursts, isolative behaviors, or other symptoms that need our attention?  Yes  No

If yes, please explain: \_\_\_\_\_

7. Client has eaten breakfast?  Yes  No

Comment \_\_\_\_\_

8. Client has taken all medication AM & PM.  Yes  No

9. Client had restful sleep during night?  Yes  No If no, is client sleeping too much? Too little?

Comment \_\_\_\_\_

10. Overall appetites    Normal \_\_\_\_\_    Lack of Appetite \_\_\_\_\_    Overeating \_\_\_\_\_

11. Please list any specific concern(s) you wish to communicate with NorthPointe staff:  
\_\_\_\_\_  
\_\_\_\_\_

12. Do you have any school concerns?  Yes  No

If yes please specify: \_\_\_\_\_

Please contact your school liaison with any concerns at NorthPointe Center.

13. To your knowledge, has your son/daughter communicated after hours with other patient(s) at NorthPointe?  Yes  No

If yes, please list the name(s) of the patient(s). \_\_\_\_\_

14. Insurance requires that an Aftercare appointment be made up with Outpatient psychiatrist and Outpatient therapist prior to discharge from NorthPointe Center. Have you made these?  Yes  No If yes, please give date of appointment(s) with whom. (These appointments are for continued follow up after your child has discharged from NorthPointe).  
\_\_\_\_\_

15. Do you support you child earning the weekly outing privilege?  Yes  No

16. If your child is on restriction did they comply?  Yes  No

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date