

Discharge Summary

Family Record Name: _____ TIFFE HR Record #: _____

Enrollment Date: _____ Referred by: _____ Discharge Date: _____

_____ **Registration Form complete**
 _____ **Reason For Discharge** (*check as many as applicable*):

- Family met service goals
- Family did not engage in services
- Family requested discharge
- Family Moved/Re-located
- Other: _____

_____ **AAPI Scores:**

<u>Construct</u>	<u>Pre-Test</u>	<u>Post-Test</u>	<u>Improvement (circle one)</u>		
A= Developmental Expectations			Yes	No	N/A
B= Lack Of Empathy	_____	_____	Yes	No	N/A
C= Corporal Punishment	_____	_____	Yes	No	N/A
D= Role Reversal	_____	_____	Yes	No	N/A
E= Oppressing Children's Power/Independence	_____	_____	Yes	No	N/A

_____ **GOALS & PROGRESS:**

1. Parenting skills were improved in _____ out of 5 AAPI constructs.
2. ASQ Results _____

3. Referral Summary

<i>Date</i>	<i>Agency</i>	<i>Outcome</i>	<i>Follow-up Date / Remarks</i>

Family Record Name: _____

4. Family Strengths / Abilities:

5. Family Needs:

6. Recommendations:

TIFFE Parent Educator: _____

Date: _____

Supervisor: _____

Date: _____