

**OPTIONAL PEI OUTCOMES WORKSHEET**

**Disruptive Behavior Disorders: Aggression Replacement Training-Skillstreaming (ART)**

**ADMINISTRATIVE INFORMATION**

Client ID	<input type="text"/>	Client First Name	<input type="text"/>
Client Last Name	<input type="text"/>	Therapist ID/NPI #	<input type="text"/>
Provider ID	<input type="text"/>		

**END OF TREATMENT INFORMATION**

Date of Last (EBP Treatment) Session  Total Number of EBP Treatment Sessions

Completed EBP?  Yes  No If YES, Client's Treatment Success?  Significant  Partial

**If Client COMPLETED EBP, Please Check One for Disposition**

<input type="checkbox"/> Began New EBP	<input type="checkbox"/> Linked to MHS at Another Agency	<input type="checkbox"/> Case Closed
<input type="checkbox"/> Continued in Concurrent EBP	<input type="checkbox"/> Began Non-PEI MHS	<input type="checkbox"/> Linked to Non-MHS in Community

**If Client DID NOT COMPLETE EBP, Please Check One for Disposition**

<input type="checkbox"/> New EBP with Different Focus	<input type="checkbox"/> Deceased	<input type="checkbox"/> Foster Care/Residential Placement
<input type="checkbox"/> New EBP with Same Focus	<input type="checkbox"/> Psychiatric Hospitalization	<input type="checkbox"/> Continued in Concurrent EBP
<input type="checkbox"/> Arrested	<input type="checkbox"/> Moved	<input type="checkbox"/> Linked to Non-MHS in Community
<input type="checkbox"/> Detained by DCFS	<input type="checkbox"/> Unable to Contact	<input type="checkbox"/> Linked to MHS at Another Agency
<input type="checkbox"/> Medical Hospitalization	<input type="checkbox"/> Withdrew	<input type="checkbox"/> Began Non-PEI MHS

**END OF TREATMENT QUESTIONNAIRES**

**Eyberg Child Behavior Inventory®**  
Clients Ages 2-16

**Sutter-Eyberg Student Behavior Inventory-Revised®**  
(If Parent is Unavailable)  
Clients Ages 2-16

Admin. Date	<input type="text"/>	Admin. Date	<input type="text"/>
Intensity Raw Score	<input type="text"/>	Intensity Raw Score	<input type="text"/>
Intensity T-Score	<input type="text"/>	Intensity T-Score	<input type="text"/>
Problem Raw Score	<input type="text"/>	Problem Raw Score	<input type="text"/>
Problem T-Score	<input type="text"/>	Problem T-Score	<input type="text"/>
If "Unable to Collect," Enter Number from Below	<input type="text"/>	If "Unable to Collect," Enter Number from Below	<input type="text"/>

**Reasons for "Unable to Collect"**

- |   |                                       |                                       |
|---|---------------------------------------|---------------------------------------|
| 1. Administered Wrong Form                      | 5. Lost Contact with Parent/Caregiver | 10. Parent/Caregiver Unavailable      |
| 2. Administration Date Exceeds Acceptable Range | 6. Not Available in Primary Language  | 11. Premature Termination             |
| 3. Clinician not Trained in Outcome Measure     | 7. Not Required (SESBI Only)          | 12. Teacher Refused (SESBI Only)      |
| 4. Invalid Outcome Measure                      | 8. Outcome Measure Unavailable        | 13. Teacher Unavailable (SESBI Only)  |
|   | 9. Parent/Caregiver Refused           | 14. Therapist did not Administer Tool |