

**OPTIONAL PEI OUTCOMES WORKSHEET**  
**Parenting and Family Difficulties: Parent-Child Interaction Therapy (PCIT)**

**ADMINISTRATIVE INFORMATION**

Client ID			
Client Last Name		Client First Name	
Provider ID		Therapist ID/NPI #	

**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

Admin. Date	
Intensity Raw Score	
Intensity T-Score	
Problem Raw Score	
Problem T-Score	
If "Unable to Collect," Enter Number from Below	

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

Admin. Date	
Intensity Raw Score	
Intensity T-Score	
Problem Raw Score	
Problem T-Score	
If "Unable to Collect," Enter Number from Below	

**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 |