

OPTIONAL PEI OUTCOMES WORKSHEET
Severe Behaviors/Conduct Disorders: Strengthening Families Program (SFP)

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"/>		

BEGINNING OF TREATMENT INFORMATION

Date of First EBP Treatment Session	<input type="text"/>
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BEGINNING OF TREATMENT QUESTIONNAIRES

**Revised Behavior
Problem Checklist-Parent®**
Clients Ages 5-18

Admin. Date	<input type="text"/>
Conduct Disorder (CD) Raw Score	<input type="text"/>
Socialized Aggression (SA) Raw Score	<input type="text"/>
Attention Problems- Immaturity (AP) Raw Score	<input type="text"/>
Anxiety-Withdrawal (AW) Raw Score	<input type="text"/>
Psychotic Behavior (PB) Raw Score	<input type="text"/>
Motor Tension- Excess (ME) Raw Score	<input type="text"/>
If "Unable to Collect," Enter Number from Below	<input type="text"/>

**Revised Behavior
Problem Checklist-Teacher®**
(When Parent is Unavailable)
Clients Ages 5-18

Admin. Date	<input type="text"/>
Conduct Disorder (CD) Raw Score	<input type="text"/>
Socialized Aggression (SA) Raw Score	<input type="text"/>
Attention Problems- Immaturity (AP) Raw Score	<input type="text"/>
Anxiety-Withdrawal (AW) Raw Score	<input type="text"/>
Psychotic Behavior (PB) Raw Score	<input type="text"/>
Motor Tension- Excess (ME) Raw Score	<input type="text"/>
If "Unable to Collect," Enter Number from Below	<input type="text"/>

Reasons for "Unable to Collect"

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|---|---------------------------------------|---|
| 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 (RBPC-Teacher Only) | 12. Teacher Refused (RBPC-Teacher Only) |
| 4. Invalid Outcome Measure | 8. Outcome Measure Unavailable | 13. Teacher Unavailable (RBPC-Teacher Only) |
| | 9. Parent/Caregiver Refused | 14. Therapist did not Administer Tool |

