

**B.A.P.T.  
Research Sub-Committee**

**PLAY THERAPY MONITORING FORM**

Name of Therapist:

Date case closed:

Client's Gender: M / F

Client's Age (at referral):

**Context:** primary school  Secondary School   
CAMHS  Private Practice   
Clinic  Family Centre   
Other

**Referred by:** Self  Parent/Carer   
School  GP   
Social Worker  Other

**Length of Play Therapy Contract:** \_\_\_\_\_

**Number of Sessions:** \_\_\_\_\_

**Assessment/Monitoring tools used (if any) please specify, eg Strengths and Difficulties Questionnaire SDQ:**

These forms were originally developed by Brenda Meldrum and may be a useful format for BAPT Members to use as part of their own assessment process. Another intention is to build up a measure of the efficacy of Play Therapy, providing valuable data to help BAPT in its application for registration with the Health Professions Council.

Completed forms should be returned to BAPT at:1 Beacon Mews, South Road, Weybridge, Surrey KT13 9DZ

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Research Sub-Committee**

**PLAY THERAPY MONITORING FORM  
To be completed by the person who referred the  
client**

Could you please write down what three **concerns** you have about the client; please be specific. Please mark your degree of concern.

| Before Play Therapy | Degree of Concern |   |   |   |        |
|---------------------|-------------------|---|---|---|--------|
|                     | ☹☹                | ☹ | ☺ | ☺ | ☺<br>☺ |
| 1.                  |                   |   |   |   |        |
| 2.                  |                   |   |   |   |        |
| 3.                  |                   |   |   |   |        |

**What hopes do you have for the child after Play Therapy?**  
*(please be specific. For example, if you would like the child to be happier, say how would you know in behavioural terms that the child were happier).*

**When the Play Therapy is Over:**

Please indicate where the client is now in relation to the concerns you had at the beginning.







| AFTER Play Therapy | Degree of Concern |   |   |   |        |
|--------------------|-------------------|---|---|---|--------|
|                    | ☹☹                | ☹ | ☺ | ☺ | ☺<br>☺ |
| 1.                 |                   |   |   |   |        |
| 2.                 |                   |   |   |   |        |
| 3.                 |                   |   |   |   |        |

**Were your hopes for Play Therapy fulfilled?**  
*(please be specific in behavioural terms).*

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**PLAY THERAPY MONITORING FORM  
To be completed by the Play Therapist**







Could you please write down what three **concerns** you have about the client; please be specific. Please mark your degree of concern.

| Before Play Therapy | Degree of Concern   |  |   |   |   |
|---------------------|---|--|---|---|---|
|                     |  |  |  |  |  |
| 1.                  |   |  |   |   |  |
| 2.                  |   |  |   |   |   |
| 3.                  |   |  |   |   |   |

**What hopes do you have for the child after Play Therapy?**  
*(please be specific. For example, if you would like the child to be happier, say how would you know in behavioural terms that the child were happier).*

**When the Play Therapy is Over:**

Please indicate where the client is now in relation to the concerns you had at the beginning.

| AFTER Play Therapy | Degree of Concern   |  |   |   |   |
|--------------------|---|--|---|---|---|
|                    |  |  |  |  |  |
| 1.                 |   |  |   |   |  |
| 2.                 |   |  |   |   |   |
| 3.                 |   |  |   |   |   |

**Were your hopes for Play Therapy fulfilled?**

*(please be specific in behavioural terms).*





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**PLAY THERAPY MONITORING FORM  
To be completed by the Parent/Carer**

Could you please write down what three **concerns** you have about the child; please be specific. Please mark your degree of concern.

**Before Play Therapy**

**Degree of Concern**

|    |  |  |  |  |  |
|----|---|--|---|---|---|
|    |   |  |   |   |  |
| 1. |   |  |   |   |   |
| 2. |   |  |   |   |   |
| 3. |   |  |   |   |   |

**What hopes do you have for the child after Play Therapy?**







*(please be specific. For example, if you would like the child to be happier, say how would you know in behavioural terms that the child were happier).*

**When the Play Therapy is Over:**

Please indicate where the child is now in relation to the concerns you had at the beginning.

**AFTER Play Therapy**

**Degree of Concern**

|    |  |  |  |  |  |
|----|---|--|---|---|---|
|    |   |  |   |   |  |
| 1. |   |  |   |   |   |
| 2. |   |  |   |   |   |
| 3. |   |  |   |   |   |

**Were your hopes for Play Therapy fulfilled?**

*(please be specific in behavioural terms).*

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**PLAY THERAPY MONITORING FORM  
To be completed by the client**

**Before Play Therapy**

It would be very helpful if you would answer a couple of questions for me. You might like to draw a picture.

**A Why do you think you are you coming to see me in Play Therapy**

**B What would you like to happen?**

**When the Play Therapy is Over:**

**A What's different now?**

**B What's the same?**

After completion, please send these forms to:

Janet Steel,  
BAPT, 1 Beacon Mews, South Road  
WEYBRIDGE, KT13 9DZ