**Theraplay® Case Tracking Chart - UK 2025**

| **Child’s name** **or initials** |  | **Child’s DOB** |  |
| --- | --- | --- | --- |
| **Parent\* name(s) and contact details** |  |
| **Social worker/local authority contact details** |  |
| **Theraplay® student /practitioner** |  |

| **Date** | **Event** | **Notes** |
| --- | --- | --- |
|  | Intake: |  |
|  |  Referral call / email |  |
|  |  Initial interview / discussion |  |
|  |  Reports received  |  |
|  |  Reports read |  |
|  | Assessments |  |
|  | MIM 1 |  |
|  | (MIM 2) |  |
|  | Parent **\*** feedback |  |
|  | (MIM report) |  |
|  | Goals: short and long term |  |
|  | Parent demo session |  |
|  | Further parent prep? |  |
|  | Sessions 1-3 |  |
|  | Parent review **\*\*** |  |
|  | Sessions 4-6 |  |
|  | Parent review |  |
|  | Sessions 7-9 |  |
|  | Parent review |  |
|  | Sessions 10-12 |  |
|  | Parent review |  |
|  | Sessions 13-15 |  |
|  | Parent review |  |
|  | Sessions 16-19 |  |
|  | Parent review / plan ending |  |
|  | Final session |  |
|  | (Assessments) |  |
|  | (Post intervention MIM) |  |
|  | Final review / evaluation |  |
|  | Report |  |
|  | Follow up 1 |  |
|  | Follow up 2 |  |

**\*** Replace with caregivers/adopters as appropriate.

**\*\***  Add in any review meetings with social workers and school staff as well as LACs, PEPs as appropriate.

 **Theraplay UK**

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