

## PCP Parent Monitoring Chart 25

### Parent Communication Project Module

**Please see the Directions for how to complete this chart.**

**Rating for the Skills:** How effective was your adolescent in using the skills each day when communicating with you when they had the opportunity to use them?

1-----2-----3-----4-----5  
 Not Effective                                      Somewhat Effective                                      Very Effective

If they had the opportunity to use the skills but didn't, write **(0)**. If they didn't have the opportunity to use a specific skill that day, write **(NA)**.

| Day #                                                                 | 1  | 2 | 3  | 4  | 5 | 6  | 7  | 8 | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|-----------------------------------------------------------------------|----|---|----|----|---|----|----|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Date                                                                  |    |   |    |    |   |    |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Rating (1-5)                                                          | xx | x | xx | xx | x | xx | xx | x | xx | x  | x  | x  | x  | xx | x  | x  | x  | xx | xx | xx | xx | xx | xx | xx | xx | xx | xx | xx |
| Passively<br>Listened: Paid<br>Attention/Showed Interest              |    |   |    |    |   |    |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Actively<br>Listened: Paraphrased<br>What I Said                      |    |   |    |    |   |    |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Actively<br>Listened: Paraphrased My<br>Spoken &<br>Unspoken Feelings |    |   |    |    |   |    |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Asked Genuine Inquiry<br>Questions                                    |    |   |    |    |   |    |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Avoided "You<br>Statements"                                           |    |   |    |    |   |    |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Used "I Statements":<br>Shared Feelings & Why<br>They Felt That Way   |    |   |    |    |   |    |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

### PCP Student Self-Monitoring Chart 25

Please see the Directions for how to complete this chart. Remember, part of your grade will be based on whether you charted every day and how successfully you used the skills.

**Rating for the Skills:** How effective were you using the skills each day when communicating with your parent when you had the opportunity to use them?

1-----2-----3-----4-----5  
 Not Effective                                      Somewhat Effective                                      Very Effective

If you had the opportunity to use the skills but didn't, write **(0)**. If you forget to chart for a day when you had the opportunity to use the skill or used the skill successfully, place a **(Z)** in the space. Do not chart the next day, except to put a **(Z)**. If you didn't have the opportunity to use a specific skill that day, write **(NA)** didn't have the opportunity to use the skill today.

| Day #                                                                    | 1  | 2 | 3  | 4  | 5 | 6  | 7  | 8 | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|--------------------------------------------------------------------------|----|---|----|----|---|----|----|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Date                                                                     |    |   |    |    |   |    |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Rating (1-5)                                                             | xx | x | xx | xx | x | xx | xx | x | xx | x  | x  | x  | x  | xx | x  | x  | x  | xx | xx | xx | xx | xx | xx | xx | xx | xx | xx | xx |
| Passively<br>Listened: Paid<br>Attention/Showed<br>Concern               |    |   |    |    |   |    |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Actively<br>Listened: Paraphrased<br>What They Said                      |    |   |    |    |   |    |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Actively<br>Listened: Paraphrased<br>Their Spoken &<br>Unspoken Feelings |    |   |    |    |   |    |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Asked Genuine Inquiry<br>Questions                                       |    |   |    |    |   |    |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Avoided "You<br>Statements"                                              |    |   |    |    |   |    |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Used "I Statements":<br>Share My Feelings & Why<br>I Felt That Way       |    |   |    |    |   |    |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

## **Directions for Keeping the Chart**

### **Directions for Rating Listening Skills**

#### **How To Use The Chart: Directions For Parents**

1. Keep the chart in convenient locations where you will see it, and remember to complete it every day before bedtime.
2. Place the dates in the second row, starting with the first day. For example, write 5/1/ 5/2, etc.
3. For each day, rate each of the skills.
4. The rating should be done each day.
5. If they didn't have the opportunity to use a specific skill that day, write (NA).
6. Parents should periodically check to see if their ratings are the same as their adolescents. If they are not, parents might provide some feedback. See the How to Give Feedback Skill Card for suggestions on how to give feedback.

#### **How To Use The Chart: Directions For Students**

1. Keep the chart in convenient locations where you will see it, and remember to complete it every day before bedtime.
2. Place the dates in the second row, starting with the first day. For example, write 5/1/ 5/2, etc.
3. For each day, rate each of the skills.
4. The rating should be done each day.
5. If you had the opportunity to use the skills but didn't, write (0).
6. If you forget to chart for a day when you had the opportunity to use the skill or used the skill successfully, place a (Z) in the space. Do not chart the next day, except to put a (Z).
7. If you didn't have the opportunity to use a specific skill that day, write (NA).

**Rating for the Skills:** To what extent did you use the following skills each day when communicating with your parent when you had the opportunity and when appropriate?

1-----2-----3-----4-----5  
Not Effective                      Somewhat Effective                      Very Effective

Please note, to receive full credit, the project must continue for at least 21 days within 4 weeks. It does not need to be 21 consecutive days if the student and parent did not have the opportunity to communicate on a given day or if the student and/or parent did not chart on a given day. The project will be over 28 days after it was assigned.