# **Behavior Services Monthly Report**

**Client Information**

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| --- | --- |
| Client Name: | DOB: |
| Client Account #: | Medicaid Number: |

**Client/Caregiver Demographics**

|  |  |
| --- | --- |
| Name: | Phone: |
| Address: | |
| Email: | |

**Report Information**:

**Reporting Time Frame:**

**1. Overview:** A team consisting of a BCBA and a BCBA-D conducted a session on Date of Session, in the home setting to assess Clients Name abilities and behavioral concerns. Clients is home schooled but does attend an art class with other children during the week. The caregiver reported that he becomes anxious when there are loud noises, when active children of the clients own age are nearby the client may possibly hit a child when that occurs. The care giver also noted that client does know how to behave when other children in his environment are sad, cry or are injured. The caregiver provided a general overview of the client’s behavioral needs and the things that should improve over the course of therapy sessions. During the initial session baseline data were collected to assess the client’s current skill sets and to determine the frequency and magnitude of problem behaviors.

**2. Targets and Observation:** The Client speaks in full sentences and has an adequate vocabulary but has difficulty answering “who” questions and participating in conversational exchanges without going off topic. The Client has a short attention span and changes the topic when clients does not know how to answer a question or when client is not interested in the things that are being discussed. Additionally, Client frequently says things that sound fanciful such as “I flew a rocket ship last night” which may represent occasions of vocal creative play or demonstrate difficulties with tenses or prepositions. During the art class several young children ran around the room and screamed. Whenever this happened Client became upset and was not able to concentrate on the project and when one child took another child’s toy client asked “why did they take the toy” continuously for several minutes.

**3. Recommendations for Future Efforts:** The plan will be developed based on data collected over the next few sessions. Data tracking forms for behaviors targeted for deceleration will be prepared and programs for acquisition/replacement skills developed to increase compliance and functional language skills will be implemented based on probes and baseline data collected. The behavior team will meet with other supportive therapists and individuals in order to ensure a collaborative approach to addressing Client’s needs.

**Check all that apply below:**

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| --- | --- | --- |
| **Continue Program as is** | **Discuss with LRC Chair** | **Retrain Caregivers** |
| **Revise Program** | **Medical or Other Consultation** |  |
| **Discontinue Program or Services** | **Consider Transitioning or Fading** |  |

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Analysts Name, Credentials Date