|  |  |
| --- | --- |
| Client Name: | Date of Service: |
| Time In: | Time Out: |
| Type of Provider: |
| The following ***DIRECT or INDIRECT*** service(s) were conducted on the above date:  (please check one) | |
| **DIRECT** | **INDIRECT** |
| Direct Observation of Client | BASP Development/ Revisions |
| Direct Training of Client | Graphing and Analyzing Data |
| Probing Behavior and Instructional Procedures | Behavior Data Collection Development or revision |
| Supervision/Training of Behavioral Team by Lead BCBA or BCBA-D | Physician/Therapist/Staff/Parent Consultation or Training – Client not present |
| Physician/Therapist/Staff/Parent Consultation or Training | Progress Report Development |
|  |  |
|  |  |
| FBA – Functional Behavioral Assessment |  |

Summary of Service / Progress Towards Goals / Caregiver Proficiency / Staff Monitoring:

Clinician Signature and Credentials: Date: