



Date:		Client Name:			
Employee:			<input type="checkbox"/> CSW	<input type="checkbox"/> BHP	Supervisor:
Time In:	a/p	Time Out:	a/p	Total Time:	Miles:
Parent/Guardian Signature:					

**Goal #1:**

**Activity:**

**Objectives:**

Objective	<input type="checkbox"/> Prompts Needed Verbal # _____ Cues/Gestures # _____ Model/Role play # _____ <input type="checkbox"/> Independent <input type="checkbox"/> Refusal: _____
Objective	<input type="checkbox"/> Prompts Needed Verbal # _____ Cues/Gestures # _____ Model/Role play # _____ <input type="checkbox"/> Independent <input type="checkbox"/> Refusal: _____
Objective	<input type="checkbox"/> Prompts Needed Verbal # _____ Cues/Gestures # _____ Model/Role play # _____ <input type="checkbox"/> Independent <input type="checkbox"/> Refusal: _____
Objective	<input type="checkbox"/> Prompts Needed Verbal # _____ Cues/Gestures # _____ Model/Role play # _____ <input type="checkbox"/> Independent <input type="checkbox"/> Refusal: _____

**Staff Methods/Narrative:**

---

---

---

---

---

---

---

---

---

---

**Parental Involvement:**

---

---

---

**Goal #2:**

**Activity:**

**Objectives:**

Objective	<input type="checkbox"/> Prompts Needed Verbal # _____ Cues/Gestures # _____ Model/Role play # _____ <input type="checkbox"/> Independent <input type="checkbox"/> Refusal: _____
Objective	<input type="checkbox"/> Prompts Needed Verbal # _____ Cues/Gestures # _____ Model/Role play # _____ <input type="checkbox"/> Independent <input type="checkbox"/> Refusal: _____
Objective	<input type="checkbox"/> Prompts Needed Verbal # _____ Cues/Gestures # _____ Model/Role play # _____ <input type="checkbox"/> Independent <input type="checkbox"/> Refusal: _____
Objective	<input type="checkbox"/> Prompts Needed Verbal # _____ Cues/Gestures # _____ Model/Role play # _____ <input type="checkbox"/> Independent <input type="checkbox"/> Refusal: _____

**Staff Methods/Narrative:**

---

---

---

---

---

---

---

---

---

---

**Parental Involvement:**

---

---

---

**Goal #3:**

**Activity:**

**Objectives:**

Objective	<input type="checkbox"/> Prompts Needed Verbal # _____ Cues/Gestures # _____ Model/Role play # _____ <input type="checkbox"/> Independent <input type="checkbox"/> Refusal: _____
Objective	<input type="checkbox"/> Prompts Needed Verbal # _____ Cues/Gestures # _____ Model/Role play # _____ <input type="checkbox"/> Independent <input type="checkbox"/> Refusal: _____
Objective	<input type="checkbox"/> Prompts Needed Verbal # _____ Cues/Gestures # _____ Model/Role play # _____ <input type="checkbox"/> Independent <input type="checkbox"/> Refusal: _____
Objective	<input type="checkbox"/> Prompts Needed Verbal # _____ Cues/Gestures # _____ Model/Role play # _____ <input type="checkbox"/> Independent <input type="checkbox"/> Refusal: _____

**Staff Methods/Narrative:**

---



---



---



---



---

**Parental Involvement:**

---



---

**Goal #4:**

**Activity:**

**Objectives:**

Objective	<input type="checkbox"/> Prompts Needed Verbal # _____ Cues/Gestures # _____ Model/Role play # _____ <input type="checkbox"/> Independent <input type="checkbox"/> Refusal: _____
Objective	<input type="checkbox"/> Prompts Needed Verbal # _____ Cues/Gestures # _____ Model/Role play # _____ <input type="checkbox"/> Independent <input type="checkbox"/> Refusal: _____
Objective	<input type="checkbox"/> Prompts Needed Verbal # _____ Cues/Gestures # _____ Model/Role play # _____ <input type="checkbox"/> Independent <input type="checkbox"/> Refusal: _____
Objective	<input type="checkbox"/> Prompts Needed Verbal # _____ Cues/Gestures # _____ Model/Role play # _____ <input type="checkbox"/> Independent <input type="checkbox"/> Refusal: _____

**Staff Methods/Narrative:**

---



---



---



---



---

**Parental Involvement:**

---



---

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_