



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:** _____