

Date: \_\_\_/\_\_\_/\_\_\_

Sun / Mon / Tue / Wed / Thur / Fri / Sat

Medication Given  Yes /  No

**Living Skills** (30 min)

Start: \_\_\_:\_\_\_ (AM/PM) End: \_\_\_:\_\_\_ (AM/PM)

Strategy: 1 2 3 or Other: \_\_\_\_\_

Skill worked on: 1 2 3 4 5 6

How TP worked on the skill with child:

modeled guided taught Other: \_\_\_\_\_

Child's Response (What happened?): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Skill Completed: Refused W/ Assistance  
 W/ Minimal Assistance No Assistance Needed

\_\_\_\_\_

Treatment Parent Signature

Date

Important events or behaviors today at home or school: \_\_\_\_\_

**Social Skills** (1 hour)

Start: \_\_\_:\_\_\_ (AM/PM) End: \_\_\_:\_\_\_ (AM/PM)

Strategy: 1 2 3 or Other: \_\_\_\_\_

Skill worked on: 1 2 3 4 5 6

How TP worked on the skill with child:

modeled guided taught Other: \_\_\_\_\_

Child's Response (What happened?): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Skill Completed: Refused W/ Assistance  
 W/ Minimal Assistance No Assistance Needed

\_\_\_\_\_

Treatment Parent Signature

Date

TP managed behaviors today by: Guided redirection # \_\_\_\_\_ Verbal redirection # \_\_\_\_\_

Positive Reinforcement # \_\_\_\_\_ Prompts to use coping skills # \_\_\_\_\_ Time Out --- duration: \_\_\_\_\_

Restriction ---duration: \_\_\_\_\_ Observed trigger & required action by parent to prevent escalation # \_\_\_\_\_

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