



Client Name:	S.C. - Office:	Revised Date:
Client ID #:	SC Supervisor:	Provider Name:
DTA: AC	Field Supervisor:	Pay Period:

Objectives:	O	T	Date	Date	Date	Date	Date	Date	Date	Date	Date

Summary:

Summary:

Summary:

O=occurrences T=length of time (minutes) Key: M=Mis-attempt I=Independent/Correct V=Verbal Cue G=Gesture/Light physical prompt H=Hand over hand R=Refusal
 # = indicates number of attempts. Ex: 2/G, indicating it took you two gestures then client did task.

Objective	Mis-Attempt	Independent	Verbal Cue	Gesture	Hand / Hand	Refusal	Summaries should be filled out with detailed factual information, not your opinions. Write whether client made progress or declined, if client had a change of medication, was hospitalized, had a change in family dynamics, went on vacation, start/end of school etc.

Provider Signature/Date: _____
 Guardian Signature/Date: _____

GMS Admin Signature/Date: _____

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