

Target1:

Target2:

Target3:

Name: _____ Session Date _____ start _____ stop Type: **MT**

Who was present during your work with the child and how did they contribute to treatment? _____

Identify the **Behavior** that the child displayed:

Describe the **Intervention(s)** you used:

How did the child **Respond** to your intervention(s):

Describe your **Plan** for your next meeting with the child:

If you feel that an issue needs to be discussed with the Behavior Specialist, contact that person without delay.

Next Session Date: _____ **Time:** _____, **MT**
Signature _____ Degree _____ Date _____