The Network for Behavior Change **TSS Data Collection Client: _____ TSS Name: _____**

Date: _____ Start: _____ Stop: _____ Location: ☐ Home ☐ School ☐ Other: _____

Use **DAP** format (D=Data: What the child did A=Analysis: What you did in response P=Plan: What you plan to do the next time you meet with the child).

Staff Signature: _____ _____, TSS Degree Print Name: _____

BSC/Supervisor Signature: _____ _____, BSC Degree Date Reviewed: _____

Date of next scheduled service: _____ Authorization Period: _____ to **_____**