The Institute for Behavior Change

Additional Activity Documentation Form

_____ **School** (if services were provided by a **Program Specialist**)

Client Name & activity performed (describe fully)	DATE	**Start**	**Stop**	**Hours**	**Service Code(s)**

Be sure you have identified **WHO**, **WHAT**, **WHEN**, **WHERE** and **WHY** in your documentation to assure prompt processing!

Notes:

1 WISC III / WISC IV	10 Strength/Needs Assessment	19 School Evaluation Report Writing	28 PTO requested
2 WAIS III	11 Other Test (specify)	20 Attend IST/Child Find meeting	
3 WPSSI-R	12 Teacher/Staff consultation	21 Attend ER/IEP Team meeting	30 Administrative Meeting (Monday AM)
4 WASI	13 Parent consultation	22 Transportation (specify where to)	31 Personal Supervision by Psychologist
5 CARS	14 Behavior Support Plan writing	23 Intake Psych Evaluation	32 TSS supervision by BSC
6 WIAT / WIAT II	15 Functional Behavior Analysis		33 Psychologist face-to-face evaluation
7 Brown	16 Classroom Observation		34 Psychologist paid transportation
8 DSMD	17 School Record Review	26 Psych. Assistant OFFICE (specify)	35 Staff training (specify content)
9 Vineland	18 Consultation with BSC/MT	27 Psych. Assistant FIELD (specify)	36 Other (specify)