

Assessment and Assistance for Initial TSS Service Delivery Checklist

TSS Name: _____ Client(s) Served: _____

Service Date(s): _____

Role of the TSS

- Hand out of Do's and Don'ts of a TSS

Company Policy

- Conduct at the work place
- Dress Code
- Procedures when staff is calling out or late

Treatment Plan Review

- Go over diagnosis
- Allergies/Medications
- Client History: (Behavior: what interventions worked , which ones became aversive)

Intervention Review

- Go over specific interventions in Treatment Plan (Define)
- Model interventions
- Understand when to use them (specific target behaviors)

Progress Note Review

- When to tick on 1st page. (How many ticks and ticks for each hour block of time)
- Behavior is always happening. If there is no target behavior there is a replacement behavior.
- Target and Replacement Behavior (Define)
- Date, Start and Stop times
- Who was present (This includes any professional staff working with client, friends, and relatives)
- Circle average distance from client (If more than one distance circled please explain : e.g. client working with teaching staff)
- Writing in blue ink (No markers, or bright neon colors)
- All signatures followed by credentials included
- Third person, no opinions, observations only
- No blank spaces (if all space is not used, put a line through that area to indicate the end of the notation.
- If there is a need to write additional notes on the back of Progress Notes, make sure to write signature, credentials, and date with line through space not used.

TSS Signature

Date

A&A Provider Signature

Date