|  |  |
| --- | --- |
| *Insert Name or Logo of Business if Applicable* | **Direct Progress Notes for Behavior Support** |
| Client:  |  | DOB:  |  |
| Date of service: |  | Duration |  |
| Time: |  | BCBA/BS: | *Service Provider Name* |
| Location: |  |
| Client Present: | [ ] Yes [ ] No  |
| [ ]  Observing client [ ] Staff monitoring [ ]  Program monitoring [ ]  Assessments [ ] Program Implementation [ ]  Training [ ] Program development [ ] Behavior report [ ] Meeting |
| Service type: | [ ] BSC (Level 2) [ ] BSS (Level 1) |
| Summary of service:*Write service summary and tasks performed in this section*  |
| BCBA/BS Signature: |  |