|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *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: | | |  | | |