



WEEKLY DATA RECORDING AND CLINICAL NOTES

CLIENT NAME		DATE	START TIME	STOP TIME	SESSION TYPE/ NUMBER
CAREGIVER	DAYS PRACTICED	CLINICAL PRESENTATION			TOYS USED
PARENT'S STATEMENTS: POSITIVE		TALLY CODES			TOTAL
TALK	AK				
	ID				
UNLABELED PRAISE (UP)					
LABELED PRAISE (LP)					
REFLECTION (RF)					
BEHAVIOR DESCRIPTION (BD)					
AVOID		TALLY CODES			TOTAL
QUESTIONS	Q				
	RQ				
INDIRECT COMMANDS (IC)		CO	NC	NOC	
DIRECT COMMAND (DC)		CO	NC	NOC	
NEGATIVE TALK (NTA)					
ISSUES TO ADDRESS					
PLAN					

CLINICAL NOTES/ WEEKLY DPICS ASSESSMENT (CONT'D.)

CURRENT FUNCTIONING: (INCLUDE ONGOING BEHAVIOR CHALLENGES, NEW ISSUES, ETC.)
STRENGTHS: (INCLUDE RESPONSE TO TREATMENT, ETC.)
PLAN: (INCLUDE POSITIVE BEHAVIORS TO COACH THIS SESSION)
COACHING STRATEGIES THIS SESSION:
PLANNING: (INCLUDE HOMEWORK AND TREATMENT STRATEGIES)
NOTES FOR FOLLOW UP:
THERAPIST NAME/ DATE