



## Weekly Progress Report

Week of: \_\_\_\_\_ BST Weekly Service Hours: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Behavior Specialist: \_\_\_\_\_ Qualifications:  BST  PSR

Weekly Short-Term Objectives/Skills Training:			
1	<input type="checkbox"/> Basic Living and Self Care Skills	15	<input type="checkbox"/> Transportation Skills
2	<input type="checkbox"/> Team Building Skills	16	<input type="checkbox"/> Utilizing Resources
3	<input type="checkbox"/> Self-Advocacy Skills	17	<input type="checkbox"/> Listening Skills
4	<input type="checkbox"/> Empathy	18	<input type="checkbox"/> Sanitation & Cleanliness
5	<input type="checkbox"/> Age Appropriate & Safe Behaviors	19	<input type="checkbox"/> Appropriate Peer Interactions
6	<input type="checkbox"/> Time Management/Daily Routine	20	<input type="checkbox"/> Respecting Authority Figures
7	<input type="checkbox"/> Problem Solving Skills	21	<input type="checkbox"/> Organizational Skills
8	<input type="checkbox"/> Transitional Living Skills	22	<input type="checkbox"/> Money Management
9	<input type="checkbox"/> Parenting Skills	23	<input type="checkbox"/> Choices/Decision Making Skills
10	<input type="checkbox"/> Appropriate Communication Skills	24	<input type="checkbox"/> Accepting Constructive Criticism/Praise
11	<input type="checkbox"/> Cooking Skills	25	<input type="checkbox"/> Self-Efficacy
12	<input type="checkbox"/> Controlling Anger Management	26	<input type="checkbox"/> Impulse Control
13	<input type="checkbox"/> Honesty/Manipulation	27	<input type="checkbox"/> Realistic Goal Setting
14	<input type="checkbox"/> Role Play & Exercises	28	<input type="checkbox"/> Appropriate Public Behavior/CBT
		29	<input type="checkbox"/> Other: _____

**Rating System: 5- Excellent / 4- Good / 3- Fair / 2-Needs Improvement / 1-Poor**

Day of Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date of Service							
AM/PM Services							
Skill Training #							
Daily Rating							
***Total Daily Hours of Service(s):							

**Specialist Intervention/Treatment Outcome:**

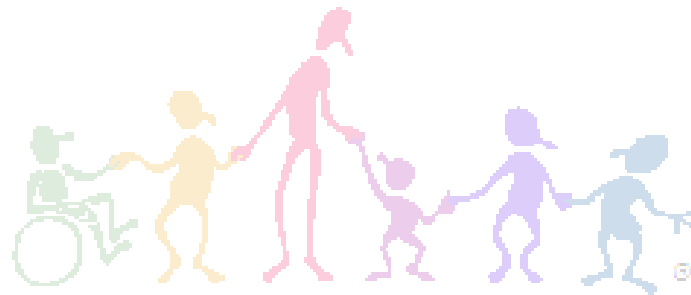
Behavior Specialist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## *Weekly Progress Report*

**Specialist Intervention/Treatment Outcome: (Notes Continued)**



**Because We Care, LLC.**  
*"Where there is vision, there is provision."*  
***A Behavioral Treatment Agency***

Behavior Specialist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_