Note Type: ☐ **Weekly** ☐ **Bi-Weekly** ☐ **Monthly** / **Date Range**: **From** _____ **through** _____

Organization Name:	**Program Name:**	
Individual's Name (First / MI / Last):	**Record #:**	**DOB**:

Goal(s)/Objective(s) Addressed As Per Individual's Individualized Action Plan: Yes ☐ / **No** ☐

Goal ___ Objective ___ Objective ___ Objective ___ Objective ___	Goal ___ Objective ___ Objective ___ Objective ___ Objective ___	Goal ___ Objective ___ Objective ___ Objective ___ Objective ___	Goal ___ Objective ___ Objective ___ Objective ___ Objective ___

Services / Interventions Provided During This Period:

Response to Services / Intervention(s) and Progress Toward Goals and Objectives:

Plan / Additional Information:

Individual's Signature (Optional)**:**		**Date:**
Completed By - Print Staff Name/Credentials:	**Staff Signature:**	**Date:**
Supervisor - Print Name/Credentials (if applicable)**:**	**Supervisor Signature:**	**Date:**

Date of Service	Staff Identifier	Loc. Code	Service Code	Mod 1	Mod 2	Mod 3	Mod 4	Start Time	Stop Time	Duration in Minutes