



Consumer Name \_\_\_\_\_

Date: from \_\_\_\_ to \_\_\_\_ Year \_\_\_\_

\*Items marked with an Asterisk require a Comment

Daily Comments

<b>Monday</b>	<input type="checkbox"/> In a good mood/ <input type="checkbox"/> Cooperative/ <input type="checkbox"/> Interested & Participating/ <input type="checkbox"/> Went on outing*/ <input type="checkbox"/> Interacted with peers appropriately/ <input type="checkbox"/> Ate ____% of meal/ <input type="checkbox"/> Helped a peer/ <input type="checkbox"/> Cooperative with hygiene <input type="checkbox"/> Worked on their specific goals & objectives*/ <input type="checkbox"/> Agitated/ <input type="checkbox"/> Resistive to following request of staff/ <input type="checkbox"/> AWOL from facility*/ <input type="checkbox"/> Was disruptive/ <input type="checkbox"/> Displayed negative target behavior/ <input type="checkbox"/> Made choices based on their personal preference*/ <input type="checkbox"/> An Incident Report was required*	
<b>Tuesday</b>	<input type="checkbox"/> In a good mood/ <input type="checkbox"/> Cooperative/ <input type="checkbox"/> Interested & Participating/ <input type="checkbox"/> Went on outing*/ <input type="checkbox"/> Interacted with peers appropriately/ <input type="checkbox"/> Ate ____% of meal/ <input type="checkbox"/> Helped a peer/ <input type="checkbox"/> Cooperative with hygiene <input type="checkbox"/> Worked on their specific goals & objectives*/ <input type="checkbox"/> Agitated/ <input type="checkbox"/> Resistive to following request of staff/ <input type="checkbox"/> AWOL from facility*/ <input type="checkbox"/> Was disruptive/ <input type="checkbox"/> Displayed negative target behavior/ <input type="checkbox"/> Made choices based on their personal preference*/ <input type="checkbox"/> An Incident Report was required*	
<b>Wednesday</b>	<input type="checkbox"/> In a good mood/ <input type="checkbox"/> Cooperative/ <input type="checkbox"/> Interested & Participating/ <input type="checkbox"/> Went on outing*/ <input type="checkbox"/> Interacted with peers appropriately/ <input type="checkbox"/> Ate ____% of meal/ <input type="checkbox"/> Helped a peer/ <input type="checkbox"/> Cooperative with hygiene <input type="checkbox"/> Worked on their specific goals & objectives*/ <input type="checkbox"/> Agitated/ <input type="checkbox"/> Resistive to following request of staff/ <input type="checkbox"/> AWOL from facility*/ <input type="checkbox"/> Was disruptive/ <input type="checkbox"/> Displayed negative target behavior/ <input type="checkbox"/> Made choices based on their personal preference*/ <input type="checkbox"/> An Incident Report was required*	
<b>Thursday</b>	<input type="checkbox"/> In a good mood/ <input type="checkbox"/> Cooperative/ <input type="checkbox"/> Interested & Participating/ <input type="checkbox"/> Went on outing*/ <input type="checkbox"/> Interacted with peers appropriately/ <input type="checkbox"/> Ate ____% of meal/ <input type="checkbox"/> Helped a peer/ <input type="checkbox"/> Cooperative with hygiene <input type="checkbox"/> Worked on their specific goals & objectives*/ <input type="checkbox"/> Agitated/ <input type="checkbox"/> Resistive to following request of staff/ <input type="checkbox"/> AWOL from facility*/ <input type="checkbox"/> Was disruptive/ <input type="checkbox"/> Displayed negative target behavior/ <input type="checkbox"/> Made choices based on their personal preference*/ <input type="checkbox"/> An Incident Report was required*	
<b>Friday</b>	<input type="checkbox"/> In a good mood/ <input type="checkbox"/> Cooperative/ <input type="checkbox"/> Interested & Participating/ <input type="checkbox"/> Went on outing*/ <input type="checkbox"/> Interacted with peers appropriately/ <input type="checkbox"/> Ate ____% of meal/ <input type="checkbox"/> Helped a peer/ <input type="checkbox"/> Cooperative with hygiene <input type="checkbox"/> Worked on their specific goals & objectives*/ <input type="checkbox"/> Agitated/ <input type="checkbox"/> Resistive to following request of staff/ <input type="checkbox"/> AWOL from facility*/ <input type="checkbox"/> Was disruptive/ <input type="checkbox"/> Displayed negative target behavior/ <input type="checkbox"/> Made choices based on their personal preference*/ <input type="checkbox"/> An Incident Report was required*	
<b>Saturday</b>	<input type="checkbox"/> In a good mood/ <input type="checkbox"/> Cooperative/ <input type="checkbox"/> Interested & Participating/ <input type="checkbox"/> Went on outing*/ <input type="checkbox"/> Interacted with peers appropriately/ <input type="checkbox"/> Ate ____% of meal/ <input type="checkbox"/> Helped a peer/ <input type="checkbox"/> Cooperative with hygiene <input type="checkbox"/> Worked on their specific goals & objectives*/ <input type="checkbox"/> Agitated/ <input type="checkbox"/> Resistive to following request of staff/ <input type="checkbox"/> AWOL from facility*/ <input type="checkbox"/> Was disruptive/ <input type="checkbox"/> Displayed negative target behavior/ <input type="checkbox"/> Made choices based on their personal preference*/ <input type="checkbox"/> An Incident Report was required*	
<b>Sunday</b>	<input type="checkbox"/> In a good mood/ <input type="checkbox"/> Cooperative/ <input type="checkbox"/> Interested & Participating/ <input type="checkbox"/> Went on outing*/ <input type="checkbox"/> Interacted with peers appropriately/ <input type="checkbox"/> Ate ____% of meal/ <input type="checkbox"/> Helped a peer/ <input type="checkbox"/> Cooperative with hygiene <input type="checkbox"/> Worked on their specific goals & objectives*/ <input type="checkbox"/> Agitated/ <input type="checkbox"/> Resistive to following request of staff/ <input type="checkbox"/> AWOL from facility*/ <input type="checkbox"/> Was disruptive/ <input type="checkbox"/> Displayed negative target behavior/ <input type="checkbox"/> Made choices based on their personal preference*/ <input type="checkbox"/> An Incident Report was required*	