Exceptional Expectations, L.L.C.

Helping families put together the pieces.

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Monthly Habilitation Record

Client Name _____ Month/Year _____

Service Provider _____

Support Coordinator _____ Office _____

Objective:

Discriminitive Stimulus	Child Response	Reinforcer	Material

Prompt Key

VC = verbal cue
VIC = visual cue
VP = verbal prompt
VM = verbal model
M = model
PM = partial model
P = full physical
PP = partial physical
___ = _____

D A T E																																	
T O T A L S																																	

Total _____ **Has the objective been mastered? YES NO** **Did the child progress since last month? YES NO**

Please briefly describe pertinent information that supports and/or clarifies child's progress toward this objective (i.e., introduction to new skill/task, mastery of skill/task, changes in behavior, success of reinforcement, or medication) _____

By signing, Parent and Contractor certify that this record represents an accurate and reliable summary of the child's performance toward each targeted objective. This record is due by the 7th day of the month following the month in which services were provided (e.g. record for services provided in May are due by June 7th). Original copies must be signed and dated by the Contractor who provided services and by the Parent/Guardian of the child. A copy of each monthly record should be retained at the service site/home to provide continuity of service for all Service Providers & Therapists.

Contractor Signature _____ Date _____

Parent Signature _____ Date _____

Total # of Objectives		For Office Use Only	**Received by:** **Date:**