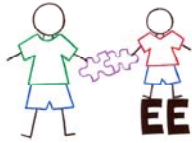


Exceptional Expectations, L.L.C.



Helping families put together the pieces.

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Habilitation Summary

Client Name _____ Contractor Name _____

Support Coordinator _____ Office _____ Month/Year _____

Subjective Notes (What general observations can you make regarding the child's performance, behaviors, responses to activities, reinforcement, etc.?)

Objective Notes (What does the **data** indicate pertaining to progress, regression or maintenance?)

Assessment (Comments regarding client's degree of progress, your interpretation of above information, changes that have occurred, persisting problems, marked improvements, etc.) _____

Plan (The treatment plan and any other actions you expect to take (e.g., decreasing support levels, changing reinforcement, talking with family members, etc.) should be stated in this section. _____

Contractor Signature _____ Date _____