

<b>WCHS DD Service Note - Periodic Services</b>	<b>Agency: ACI Support Specialists, Inc.</b>
<b>Consumer Name:</b>	<b>Record #:</b>

Date/Goal	Service	Intervention(s)	Data	Location
Date of Service:        /        /	<input type="checkbox"/> CBS	Verbal prompts		<input type="checkbox"/> Home
	<input type="checkbox"/> PA	Physical Prompts		<input type="checkbox"/> Community
Goal #:		Gestures		<input type="checkbox"/> Other: (Specify)
Goal Description:		Modeling		
		Situational Counseling		<b>Shift</b>
		Redirection		<input type="checkbox"/> Morning
		De-escalation		<input type="checkbox"/> Day
Subgoal #:		Guidance		<input type="checkbox"/> Night
		Other:		Ttl. Time

Description of activity and consumer's response:

Assessment of progress toward goal(s): (Was goal achieved based on criterion of goal on PCP?)

Signature of staff providing service: \_\_\_\_\_ Position Title: \_\_\_\_\_

Printed name of staff providing service: \_\_\_\_\_ Date: \_\_\_\_\_

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Physical Prompts - providing hands on assistance only Gestures/signs - communicating with hands Modeling -demonstrating appropriate skill or behavior	Redirection- providing consumer with reminders (verbal or physical) to return to task De-escalation -assisting consumer to calm down Guidance - giving suggestions on how to improve skills, behaviors, etc.
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