

The Institute for Behavior Change, Inc.

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There are no obstacles, only hurdles of varying heights. None is so great that it cannot be overcome, gotten around or gone under. Even mountains disintegrate with time.

Assessment and Assistance for Initial TSS Service Delivery Checklist

TSS Name: _____

Client Served: _____

Service Date: _____

Start: _____ Stop Time: _____

Role of the TSS

Hand out of TSS Prohibitions and Guidelines

Treatment Plan Review

Go over diagnosis

Allergies/Medications

Client History: (Interventions that worked , which ones didn't)

Intervention Review

Specific interventions in Treatment Plan (Define)

Model interventions

When to use specific interventions in response to specific target behavior

Progress Note Review

When to make a tick-mark on 1st page (all except Philadelphia)

Target and Replacement Behavior (Define)

Start & Stop times, Who was present, Circle distance from client & level of prompting

Writing in blue ink, all signatures included, dated and **legible**

No opinions, observations only.

Comments:

Behavior Specialist Signature (A&A Provider): _____