

Data Summary Report and Recommendations

REPORT DATE

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|--------------------------------------|-------|-----------------------|----------------|
| CLIENT NAME | | DATE OF BIRTH | AGE |
| AGENCY NAME | | DATES OF RESPITE STAY | |
| NAME OF PERSON COMPLETING FORM | TITLE | | CONTACT NUMBER |
| STRENGTHS OF THE CHILD | | | |
| Target Behaviors | | | |
| Challenging Behavior 1: | | | |
| Description of Identified Behavior: | | | |
| Frequency: | | | |
| Severity: | | | |
| Hypothesis of Behavior Function: | | | |
| Successful Intervention: | | | |
| Challenging Behavior 2: | | | |
| Description of Identified Behavior: | | | |
| Frequency: | | | |
| Severity: | | | |
| Hypothesis of Behavior Function: | | | |
| Successful Intervention: | | | |
| Challenging Behavior 3: | | | |
| Description of Identified Behavior: | | | |
| Frequency: | | | |
| Severity: | | | |
| Hypothesis of Behavior Function: | | | |
| Successful Intervention: | | | |
| Challenging Behavior 4: | | | |
| Description of Identified Behavior: | | | |
| Frequency: | | | |
| Severity: | | | |
| Hypothesis of Behavior Function: | | | |
| Successful Intervention: | | | |
| Activities / Community Access: | | | |
| Medical Recommendations / Follow-up: | | | |

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| Incidents (requiring an incident report): | |
| Exit Summary: | |
| Signatures | |
| SIGNATURE OF PERSON COMPLETING REPORT | DATE |
| COPY TO FAMILY | DATE |
| COPY TO DDA CRM | DATE |