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|  | DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)ENHANCED RESPITE SERVICES**Data Summary Report and Recommendations** |  |
| REPORT DATE |
| 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:  |
| Incidents (requiring an incident report):  |
| Exit Summary:  |
| **Signatures** |
| SIGNATURE OF PERSON COMPLETING REPORT DATE |
| COPY TO FAMILY DATE |
| COPY TO DDA CRM DATE |