

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