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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 | | | | | |