** BHP Progress Note**

**Client ID Number:**  **Service:** [ ]  **RCS**  [ ]  **HCT** **POC Start Date:**  **POC End Date:**

**Date of Service:**  **Start Time:**  AM [ ]  PM [ ]  **End Time:**  AM [ ]  PM [ ]

 **\*\*Deduct Non-Billiable Time:      \_\_\_\_ (See last page)\*\***

**Parent/Caregiver Signature verifying Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Parent Cancelled** [ ]  **Staff Cancelled** [ ]  **See I/A Report** [ ]

 **Rating Scales**

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| ***(E) Extinguishing Behavior Objectives***0 = Behavior did not occur or was not a problem1 = Behavior occurred occasionally or was a mild  problem, re-directable with one prompt2 = Behavior occurred quite often or was a moderate  problem, client re-directable with two prompts 3 = Behavior occurred a lot and was disruptive to  client and others4 = Behavior occurred and was severe and potentially  dangerous or impacted quality of life  5= Parent/Caregiver not present/Parent Declined | ***(I) Increasing Behavior Objectives***0 = Demonstrates independently1 = Demonstrates with 1 prompt or structure 2 = Demonstrates with 2-3 prompts 3 = Able to demonstrate partially with direct support  and instruction 4 = Unable to demonstrate/refusal5 = Parent/Caregiver not present/Parent Declined |

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| **BHP Initials****if addressed** | **Obj.****#** | **E or I** | **Objective** | **Parent Rating** | **BHP Rating** |
|       |       |       |       |       |       |
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Justification for each objective addressed in session (Activity, staff intervention, client response, follow-up plan related to objective)

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| **Objective #** | **Justification** |
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BHP Signature and Credential Date

BHP Printed Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  QA Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Non-Billable Time and Narrative**

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| **Start Time:**       AM [ ]  PM [ ]  **End Time:**       AM [ ]  PM [ ] **Narrative:**      **Start Time:**       AM [ ]  PM [ ]  **End Time:**       AM [ ]  PM [ ] **Narrative:**      **Start Time:**       AM [ ]  PM [ ]  **End Time:**       AM [ ]  PM [ ] **Narrative:**       |

 **EVV Exception Note**

 **(RCS Only)**

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