

### Behavior Consultation Log

Resident: \_\_\_\_\_ Admission Date: \_\_\_\_\_ Minimum hours required (dates): \_\_\_\_\_

Date	Time in	Time Out	Total Hours	Direct actions (Check all that apply)	Consultant(s) Signature(s)	RSP Signature
				<input type="checkbox"/> Assessment <input type="checkbox"/> Supervised BCaBA/BMA <input type="checkbox"/> Staff training on BIP <input type="checkbox"/> PTM w/ client present <input type="checkbox"/> Observation of client <input type="checkbox"/> Fidelity check of BIP <input type="checkbox"/> Working face-to-face with client Details: _____ _____ _____	X <input type="checkbox"/> BMC/BCBA <input type="checkbox"/> BMA/BCaBA <input type="checkbox"/> other _____	
				<input type="checkbox"/> Assessment <input type="checkbox"/> Supervised BCaBA/BMA <input type="checkbox"/> Staff training on BIP <input type="checkbox"/> PTM w/ client present <input type="checkbox"/> Observation of client <input type="checkbox"/> Fidelity check of BIP <input type="checkbox"/> Working face-to-face with client Details: _____ _____ _____	X <input type="checkbox"/> BMC/BCBA <input type="checkbox"/> BMA/BCaBA <input type="checkbox"/> other _____	
				<input type="checkbox"/> Assessment <input type="checkbox"/> Supervised BCaBA/BMA <input type="checkbox"/> Staff training on BIP <input type="checkbox"/> PTM w/ client present <input type="checkbox"/> Observation of client <input type="checkbox"/> Fidelity check of BIP <input type="checkbox"/> Working face-to-face with client Details: _____ _____ _____	X <input type="checkbox"/> BMC/BCBA <input type="checkbox"/> BMA/BCaBA <input type="checkbox"/> other _____	
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Total Hours on page:				Total Hours by BCBA/BMC: _____	Total Hours by BCaBA/BMA: _____	*10% of direct hours must be met by BCBA/BMC

Log is to be filled out on site with ink.