



Therapeutic Behavioral Services (TBS) Monthly Report

NAME / MRN

TBS Agency

TBS Specialist/Coach

Point Person

Date of opening: _____

Date TBS Plan Approved: _____

Coverage Period: _____

Completion Date: _____

Residence/Placement Changes: No Yes If yes, please explain:

Empty text box for Residence/Placement Changes explanation.

Psychiatric emergency/psychiatric hospitalizations/arrests: No Yes If yes, please explain:

Empty text box for Psychiatric emergency/psychiatric hospitalizations/arrests explanation.

Target Behavior:

Empty text box for Target Behavior.

Measurable Outcome:

Empty text box for Measurable Outcome.

- Behavioral Goals Achieved
- Progress Made
- No Change
- Regression

Previous Month's Rate of Target Behavior

Mild:

Moderate:

Severe:

Comments:

Large empty text box for Comments.

Current Month's Rate of Target Behavior

Mild:

Moderate:

Severe:

Comments:

Adaptive behaviors, reactive strategies, & interventions:

Service Recommendation:

- Continue service at same frequency
- Assess for plateau
- Fade Out---TBS No Longer Indicated
- Assess for sustainability-----goals met
- Fade Out---goals met
- See additional comments on page 3

Barriers to Success: No Yes *Explanation of barriers:*

NAME / MRN

Additional comments:

[Empty box for additional comments]

TBS Agency

TBS Specialist Signature

Print Name/Licensure/Designation

Date

TBS Clinical Supervisor Signature

Print Name/Licensure/Designation

Date