



TREATMENT RESPONSE CHART

Target Behavior	Before Treatment	Period #1	Period #2	Period #3	Period #4

Score behavior as you see it _____ 1 _____ 2 _____ 3 _____ 4 _____ 5
(1=Acceptable / 3= Barely OK / 5 = Not Acceptable)

Return at any time that you are satisfied that you can judge the response, the lack of response of an unacceptable response to the treatment.

Treatment given: _____

Child's name: _____

Person filling out this form: _____ Relationship to Child: _____

Date Started _____ Date Ended _____