



New Behavioral Network

A DIVISION OF THE NBN GROUP

Behavior Interventionist Progress Note

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Client Name: Client Full Name Date: _____

Behavior Interventionist Name: Your name

Main Goal(s) Addressed Today/Area of Focus:

1. _____
2. _____
3. _____

I. Activities Completed/Observations (include programs implemented, leisure activities, community integration, etc. and how client responded to activities):

Concise but complete.

II. Targeted Behaviors to Decrease (record a tally mark for each instance or attempt a behavior occurs; see NBN data sheet for abbreviation meanings and definitions. This needs to be completed in addition to NBN data sheet.)

TB	AGG	PD	ISI	ISB	ISK	T	FL	EL	NC	U	BI	FS	DR
Data	or												See data book

Additional Challenging Behaviors (please also record ABC data for each behavior, additional sheets in TX book)

☐ No New Challenging Bx Observed

Antecedent: _____

Behavior: _____

Consequence: _____

III. Targeted Behaviors to Increase Record tally mark for each instance /attempt a behavior occurs- (Independent = I Prompted = P)

	I	P		I	P		I	P		I	P
Requested a break appropriately			Requested a need or want appropriately			Wants / Prompted			Requested to use the bathroom		
Data			or			See data book					

Additional Targeted Behaviors to Increase (please also record using an NBN probe data sheet or task analysis)

☐ No New Targeted Bx to Increase

IV. BI Concerns/New Issues (include program/behavioral concerns, scheduling, etc.):

if nothing write "N/A".

V. Family Skill Involvement (Steps/Process & Outcome):

Do not leave blank

VI. Communication with Family:

VII. Risk Management Concerns/Illness: ☐ No Risk Management Concerns/Illness

VIII. Plan for Next Session:

Client Name & Address: Client full name/address/school

Time In: _____ am/pm Time Out: _____ am/pm Total Hours: _____

Case Type: ☐ Bx Supports ☐ Respite ☐ Adult Budget ☐ School ☐ Insurance

Caregiver/Client Signature: _____ Date: _____

Behavior Interventionist Printed Name: _____

Behavior Interventionist Signature: _____ Date: _____

Reviewed by Clinician: _____ Date: _____

Next scheduled session: Date: _____ Time: _____ ☐ Supplemental Note attached

Must have name & date