

BCBA Monthly Caregiver Check-in Form

Client Name: _____

Date: _____

BCBA: _____

Medical Updates

1. Have there been any changes to medications since our last meeting?

- Current medications and dosages: _____

- Recent changes (if any): _____

- Side effects observed: _____

2. Have there been any medical appointments or procedures?

- Details: _____

- Follow-up needed: _____

Behavioral Updates

1. New Challenging Behaviors

- Have you observed any new challenging behaviors? ☐ Yes ☐ No

- Description: _____

- Frequency: _____

- Time of day/situations: _____

- Current response to behavior: _____

2. Existing Target Behaviors

- Have you noticed any changes in frequency? ☐ Increase ☐ Decrease ☐ Same

- Which behaviors have improved? _____

- Which behaviors have worsened? _____

- Specific concerns: _____

Daily Living Skills

1. Changes in:

- Sleep patterns: _____
- Eating habits: _____
- Toileting: _____
- Self-care routines: _____

Social/Communication

1. Have you noticed any changes in:

- Communication attempts: _____
- Social interactions: _____
- New words/phrases used: _____

Home Implementation

1. Current ABA strategies:

- What's working well? _____
- What's challenging? _____
- Additional support needed? _____

Goals and Priorities

1. Progress on current goals: _____
2. New concerns to address: _____
3. Family priorities for next month: _____

Additional Notes

Follow-up Items

1. Items requiring immediate attention: _____

2. Topics for next team meeting: _____

3. Resources requested: _____

Parent Signature: _____

Date: _____

BCBA Signature: _____

Date: _____