

## **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**

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**Follow-up Items**

1. Items requiring immediate attention: \_\_\_\_\_
2. Topics for next team meeting: \_\_\_\_\_
3. Resources requested: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

BCBA Signature: \_\_\_\_\_

Date: \_\_\_\_\_