Consultation Plan

Behavioral Goal:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Plan Summary:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Please list the primary steps of the plan on the lines below. Then, each day, please check in the appropriate box in the matrix to the left whether each step was completed.

<table>
<thead>
<tr>
<th>Sun</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
</tr>
</thead>
</table>

1. ____________________________________
2. ____________________________________
3. ____________________________________
4. ____________________________________
5. ____________________________________

Goal Rating

At the end of the week, please use the following scale to rate how closely the above goal was met. The consultant will collect this form each week. Thank you!

<table>
<thead>
<tr>
<th>-2</th>
<th>-1</th>
<th>0</th>
<th>+1</th>
<th>+2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Situation significantly worse</td>
<td>Situation somewhat worse</td>
<td>No progress</td>
<td>Goal partially met</td>
<td>Goal fully met</td>
</tr>
</tbody>
</table>