# BEHAVIOR TREATMENT NOTE (Behavior Treatment Technician/Line Coach)

CHILD NAME: _____ MONTH/DAY/YEAR: _____

Time In:_____ Time Out:_____

Names of Staff and Caregivers Present_____
_____

Major Goals Addressed (at least 3) & Data Collected (programs & stats):
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Session Narrative:_____
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SIGN:_____ DATE:_____

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