**Little Jacks Progress Report**

**Name:** **Disorder:**

**Parent(s): Attendance:**

**Graduate Clinicians:** **Supervisor:**

|  |  |  |
| --- | --- | --- |
| **Client Name: Goals** | Baseline Date: | Present Date: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Key:

Weak=responds correctly less than 40% of the time

Emerging=responds correctly 40% of the time

Mastery=responds correctly 80% of the time or more

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |  |  |  |  |  |  |  |
| Accuracy: |  |  |  |  |  |  |  |

**Goal 1:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |  |  |  |  |  |  |  |
| Accuracy: |  |  |  |  |  |  |  |

**Comments:**

**Goal 2:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |  |  |  |  |  |  |  |
| Accuracy: |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |  |  |  |  |  |  |  |
| Accuracy: |  |  |  |  |  |  |  |

**Comments:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |  |  |  |  |  |  |  |
| Accuracy: |  |  |  |  |  |  |  |

**Goal 3:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |  |  |  |  |  |  |  |
| Accuracy: |  |  |  |  |  |  |  |

**Comments:**

**Goal 4:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |  |  |  |  |  |  |  |
| Accuracy: |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |  |  |  |  |  |  |  |
| Accuracy: |  |  |  |  |  |  |  |

**Comments:**

**Recommendations:**

**Long Term Goal 1:**



**Long Term Goal 2:**



**Comments**:

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate Clinician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate Clinician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate Clinician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_