

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DATE:							
Contact b/w IAFT parent and Staff (enter the 5 days of contact)							
Appraisal of IAFT Parent Supervision (min. 1x a week or as needed)							
IAFT Parental Stress Level (daily)							
Shared Parenting							
Targeted Behavior (1) (pick from list)							
Youth Problematic Behavior							
Youth Replacement Behavior / Skill							
Behavioral Outcome							
Targeted Behavior (2) (pick from list)							
Youth Problematic Behavior							
Youth Replacement Behavior / Skill							
Behavioral Outcome							
Targeted Behavior (3) (pick from list)							
Youth Problematic Behavior							
Youth Replacement Behavior / Skill							
Behavioral Outcome							
Targeted Behavior (4) (pick from list)							
Youth Problematic Behavior							
Youth Replacement Behavior / Skill							
Behavioral Outcome							
Targeted Behavior (5) (pick from list)							
Youth Problematic Behavior							
Youth Replacement Behavior / Skill							
Behavioral Outcome							
Targeted Behavior (6) (pick from list)							
Youth Problematic Behavior							
Youth Replacement Behavior / Skill							
Behavioral Outcome							