



Chester County Intermediate Unit

Student Services Division - Home & Community Services

TSS DAILY REPORT

Client's Name: _____ Service Date: _____ Day: _____ Next Service Date: _____

Funding Type (check): MA SD EI Location (check): Home School Other: _____

Start Time: _____ am _____ pm End Time: _____ am _____ pm *Total Hours: _____ Travel Time: _____

*Of the *Total Hours provided this date _____ of _____ Hrs of (initial) On-Site Supervision were provided to the TSS (Only fill in for initial hours of On-Site Supervision)*

Who was present (check): Parent(s) Teacher Client BSC MT Other: _____

Antecedent (What occurred before the behavior)	Describe the Behavior (Client's response to the antecedent)	Intervention(s) used by (descript) 1 Caregiver/Educator 2. TSS	Describe Client's Response to the Intervention(s)
# _____			
# _____			
# _____			

PLAN FOR NEXT SERVICE DATE & COMMENTS: (significant events, antecedents, behavioral trends, regressions, improvements, etc.)

Staff Signature: _____ BSC/MT Signature: _____

**** Attach additional pages/sheets if necessary ****



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TSS DAILY REPORT

Client's Name: _____ Case Manager: _____ Date of Service: _____

Daily Hours Authorized: _____ Daily Hours provided: _____ * Reason Code(s) with time not provided and specific written reason(s) for each code: _____

***IF HOURS ARE AUTHORIZED, THEN A DAILY REPORT MUST BE SUBMITTED EVEN IF NO HOURS ARE DELIVERED. MULTIPLE DAYS NOT DELIVERED IN ONE WEEK (Saturday THROUGH Friday) MAY BE SUMMARIZED ON ONE DAILY REPORT – BE SPECIFIC.**

Treatment Goal/Objective	Target Behavior ----- Replacement Behavior	7A - 8A	8A - 9A	9A - 10A	10A - 11A	11A - 12A	12P - 1P	1P - 2p	2P - 3P	3P - 4P	4P - 5P	5P - 6P	6P - 7P	7P - 8P	8P - 9P	Total - Total
# _____ -----																
# _____ -----																
# _____ -----																

Staff Signature: _____ BSC/MT Signature: _____

Print Name: _____ Certifying Signature(s)*: _____

Parent Signature: _____ *Caregiver(s) present verifying all services provided, date and time.

“My signature verifies that the information on this report is accurate.”

“Submission of any false claims, statements, documents or concealment of materials/information is a Federal Offense and punishable by Law.”

Authorization Period: _____ to _____

**** Attach additional pages/sheets if necessary ****