|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Youth:** Name | | | | **CRN:** 123456 | | |
|  | | | | | | |
| **Service Provider:** Name | | | **Provider Agency:** select | | | |
| **Service Date:** select | **Start Time:** 9:00 am | | **End Time:** 10:00 am | | | **Units:** # |
| **In-Home Service:** select | | | | **Credential:** select | | |
| **Out-of-Home Service:** select | | | | | | |
| **Service Format:** select | | | | **Service Setting:** select | | |
| *This service overlaps with another – do not bill Medicaid.* | | | | | | |
| *This was a telehealth service.* | | | | | | |
| *Contents of this note are sensitive.* (reason if checked) | | | | | | |
| **DAP Note** | | | | | | |
| **D:** Data | | | | | | |
| **A:** Assessment of progress on goals | | | | | | |
| **P:** Plan | | | | | | |
| **Treatment Targets Addressed this Session (up to 3)** | | | | | | |
| *Treatment Target (select 1)* | | | *Treatment Target Progress Rating* | | | |
| Externalizing Behaviors  Internalizing Behaviors  Positive Behaviors  More Targets  Other | | | select | | | |
| *Practice Elements Used (select 1 practice element per column – up to 3 total)* | | | | | | |
| Behavior Management  Coping/Self-Control  Core Practices  More Practices  Other | | Behavior Management  Coping/Self-Control  Core Practices  More Practices  Other | | | Behavior Management  Coping/Self-Control  Core Practices  More Practices  Other | |
|  | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Additional Information:** Describe | | | |
| *Submitted by:* | | | |
| **Provider:** Name | **Signature:** |  | **Date:** select |
| *(If provider is not a QMHP, supervisor must complete next section)* | | | |

*Supervisor Review & Approval*  *Not Applicable*

|  |  |  |  |
| --- | --- | --- | --- |
| *Select one (1):* | | | |
| I discussed the case with Name on select. I have reviewed this note and agree with the documented findings and plan of care. | | | |
| I saw the youth and performed evaluation and direct services with Name on select. See note dated select for additional history and recommendations. I have reviewed this note and agree with the documented findings and plan of care. | | | |
| **Additional Comments / Recommendations:** Describe | | | |
| **Supervisor:** Name | **Signature:** |  | **Date:** select |