

SAMPLE

The TSS Schedule Form for Prescriber/Family and ISPT Collaboration

Please include this form in the Recommendations Section of the Best Practice Evaluation/Re-evaluation

Member Name: John Doe

Date: 5/5/2008

Prescriber: Jane Smith, Ph.D.

MA Level Evaluator (if applicable): Roger White, MA

Child/Family Member(s) involved in the TSS discussion: Mr. and Mrs. Doe (parents); John Doe (child)

TSS Service Request (please check one): Initial POC Continued Stay POC Amended POC Transfer POC

Day/Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
7AM								
8AM								
9AM								
10AM	Music – touches others; leaves room w/o permission	Gym – threatens to hit peers and teacher; tantrums; calls names; noncompliant	Art – touches others; writes on others’ art work	Gym – threatens to hit peers and teacher; tantrums; calls names; noncompliant	Library – constantly out of seat; difficulty following rules; difficulty waiting turn; talks out			
11AM	Lunch – difficulty structuring time	Lunch – difficulty structuring time	Lunch – difficulty structuring time	Lunch – difficulty structuring time	Lunch – difficulty structuring time			
11:30 AM	Recess – threatens to hit peers; calls names, tantrums	Recess – threatens to hit peers; calls names; tantrums	Recess – threatens to hit peers; calls names; tantrums	Recess – threatens to hit peers; calls names; tantrums	Recess – threatens to hit peers; calls names; tantrums			
12PM								
1PM						1:1 time w/parent in the home – skills building and practice w/child, parent and TSS		
2PM								
3PM								
4PM								
5PM								
6PM		Homework time w/child and parent – skills building and practice w/child, parent and TSS		Homework time w/child and parent – skills building and practice w/child, parent and TSS				
7 PM								
8PM								
9PM								
Total TSS hrs/day	2	3	2	3	2	2		
Total TSS hrs/week		14						

- Please discuss the child and family’s goals for recovery, resiliency and independence and how TSS can be used for the purpose of skill building/transfer to attain these.
- Please assure that the family and/or caretaker(s) are able to participate as guided by the tx plan with the goal of skill transfer for all prescribed TSS.

Time	Write in Day(s) Below on the first line and Activity and Behaviors/Symptoms/Focus of Treatment on the second line (please use to document activity and behaviors/symptoms which are a focus of treatment for TSS intervention during each day and time period on page 1 when additional space is needed) Note: Days and times for the same activity with the same focus may be documented together
11 – 11:30 AM	Day(s): Monday – Friday Activity and behaviors/symptoms/treatment focus: Lunch – difficulty structuring time, i.e., slow to start eating, unable to finish lunch, hungry later in day; out of seat; touches/grabs food from peers; noncompliant
6 – 7 PM 1 – 3 PM	Day(s): Tuesday, Thursday and Saturday Activity and behaviors/symptoms/treatment focus: Homework w/Child and Parent and 1:1 Time w/Parent - skills building/practice to include personal space/boundaries, anger control, problem solving and self-monitoring techniques for on task and time management with child; Applied parent training/behavioral interventions with parent utilizing a positive behavioral support approach
	Day(s): Activity and behaviors/symptoms/treatment focus:
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