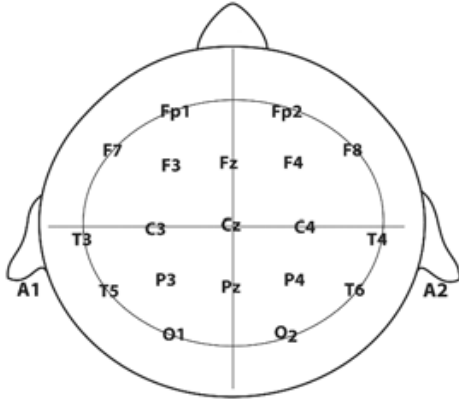


Client Name: _____ Date: _____ Time: _____

Session Number: _____ Session Type: _____ Clinician Name: _____

PLACEMENTS



TIME	SITE(s)	REWARD

REPORT

OBSERVATIONS

PLAN