Field Information Sheet v2.0

Paraprofessional

Please drop off, email, fax, or scan to Fax – 401-270-7115 or sheets@fbsne.com by Saturday at 11:59 pm at week end for Administrative recording and reconciliation

Family Behavior Solutions, Inc.

Home Based ABA, Social Skills, and Behavior Management

www.familybehaviorsolutions.com
team.familybehaviorsolutions.com

6 North Main Street Suite 305
Uxbridge MA 01569

225 Newman Ave
Rumford RI 02916

Office – 401-270-7110
Fax – 401-270-7115

Date: _____

FBS Professional: _____

FBS Supervisor: _____

Notes:

Time Sheet		
Day	**Date**	**Hours**
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Total		

Client Care Register

	Date	Client	DOB	Code	Description	Time Start	Time End	Total
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Code Reference	
code	**code_description**
100	Direct Service of a Paraprofessional
200	Lead Therapy
300	Treatment Coordination
400	Non-Billable Miscellaneous
500	Training and Office Meetings

Administration Section

Received: _____

Data Entry: _____

Initials: _____

Notes: _____

Thanks in advance for all effort and care taken - Any questions please call the main office at 401-270-7110