Name:	Date:	
-Wait	ing Room Check	-In
••••• What problem be	haviors occurred that therapist sho about?	ould know
····		
What was going	on before that may have affected	youth?
****		*****
How did you	respond? Skills used from counse	ling?
****		*****
Anything diffe	erent you or youth could do next ti	me?
•		م
۰ P	ositive behaviors of youth?	
· · · · · · · · · · · · · · · · · · ·		••••