

**COMMONWEALTH OF KENTUCKY**

(Rev 4/2024)

**CABINET FOR HEALTH AND FAMILY SERVICES  
Department for Community Based Services  
Division of Protection and Permanency**

Supplemental Services Monthly Log  
Behavior Plan Progress/Monitoring Goals Worksheet

Child's name:

Person completing:

Dates (Month/Year):

1. Child's strengths:

2. Caregiver's reinforcement of positive behaviors:

3. Problem areas:

4. Response to problematic behavior and outcome:

5. Strategies to reduce problematic behavior in the future:

6. Questions for therapist or SSW: