

## POSITIVE TIME CHART

Youth's Name: \_\_\_\_\_

Family Name: \_\_\_\_\_

Dates: \_\_\_\_\_

POSITIVE TIME is time with your youth, which is completely positive. It needs to be a special part of each day and occur regardless of your youth's behavior.

On the chart below please:

- A) Positive Time: Briefly describe what you did during your 10 minutes of positive time each day.
- B) Quality Rate: Indicate by number the quality of your interactions for the whole day.
  - (1) Very Positive (I praised my youth at least three times more than I criticized him/her and my praise rate was high).
  - (2) Somewhat Positive (I praised my youth more than I criticized him/her).
  - (3) Neutral (I praised my youth about the same number of times I criticized him/her).
  - (4) Somewhat Negative (I criticized my youth more than I praised him/her).
  - (5) Very Negative (I criticized my youth at least three times more than I praised him/her and my criticism rate was high).
- C) Compliment: Write one positive thing your youth does each day that you compliment.

Date	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
A.							
B.							
C.							

Dates: \_\_\_\_\_

Youth Name: \_\_\_\_\_

Family Name: \_\_\_\_\_

MEDICAID SERVICES – 3 PER WEEK (Must be 15 minutes and from current Service Plan)

Date / Amount of Time  
Goal/Objective Services

Date / Amount of Time	Goal/Objective Services				

MEDICAID  
REIMBURSABLE  
SERVICES

**BMT**  
Behavioral Management  
Training

**CS**  
Counseling Services

**DLST**  
Daily Living Skills Training

**FSS**  
Family Support Services

**HS**  
Health Services

**ILST**  
Independent Living Skills  
Training

**MMT**  
Medication Management  
Training

**S**  
Socialization

Host Parent Signature \_\_\_\_\_ Host Parent Signature \_\_\_\_\_ Host Parent Signature \_\_\_\_\_