



SCCS Worksheet

Recipient Number _____

Date _____

Immediate Concerns

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

What do you want to work on today? _____ Goal(s): _____

How will you know when goal is met? _____

Where are you now?

| | | | | |
|---|----|---|----|----|
| -2 | -1 | 0 | +1 | +2 |
| _____ | | | | |
| Benchmarks: _____ | | | | |
| (-2 = worst possible; -1 = worse than expected; 0 = Target Goal; +1 = better than expected; +2 = best possible) | | | | |

What has worked in the past? What is different Now? _____

What can you do?

What assistance is needed?

1. _____
2. _____
3. _____
4. _____

| |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |

Activity Schedule:

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-------|--------|--------|---------|-----------|----------|--------|----------|
| _____ | | | | | | | |
| _____ | | | | | | | |
| _____ | | | | | | | |

NOTES:

Next Visit: _____