KindCare
Positive Monitoring Form

Report			
Date:		**By:**	
Client	RUPERT MASON	**Support times:**	__:__ AM/PM to __:__ AM/PM

Desired behaviour	Should the behaviour be used?	Was the behaviour used?	Notes
Client ate breakfast *(or equivalent in smaller nutritional portions/snacks)*			
Client ate lunch *(or equivalent in smaller nutritional portions/snacks)*			
Client ate dinner *(or equivalent in smaller nutritional portions/snacks)*			
Client watched TV without snacking			
Client exercised			

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