Exhibit C

Self Administration of Medication Data Form

Individual:	MCI#:	Month/Year:	
Goal:	will take his/her medication independently for thirty (30) consecutive trials		

Steps	Verbal Time	1	2 3	4	. :	5 (5	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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	Tres"							FFM							MALL							5.58	2									
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of choice and takes to	25 加克尼							136							SOFE.							ALC:	Ž.						2.46			
designated area	1111							3.0							0.7							Va U							- 1			
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STAFF SIGNATURE AND TITLE	INITIALS
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Self Administration of Medication Data Form- Page 2

	2000 10000 1000	-	
Individual:	MCI#:	Month/Year:	
Goal:	will take his/her medication independently for thirty (30) cor	secutive trials.	

Steps	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Closes medication								12.50																								
container if applicable	ž . 11.2a							514														1.37										
	PY WES							Labor.							31							. 3							G 10			
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	**************************************													L.	Ü							. 2										
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	5-270							18							142				1			1,7							1	Ι		
	3 GM 000	3			I			-19	1																							(*)
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	14.5							18.5										Jane													150757	
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completes count sheet if	2 5 2																					7							De la			
applicable	A -2							Link																								
принави	观点为	3						1														thesi							3030			
Returns medication to	Y. T.	1						-						1	(0.5)							122							Ep To			
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Coding:

I – Independent

V – Verbal Prompts
G – Gerstural Prompts
P – Physical Assistance

0 – Unable to Complete

	STAFF SIGNATURE AND TITLE	INITIALS
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