Week: _____ Subject Number: _____

Weekly Social Activity Schedule

Date	Activity	With Whom? (Circle all that apply)	Who planned? (Circle all that apply)	Did you talk to anyone? (Circle)	Rate the Contact (Circle)
		Parent/Sig. Other Family Member Caregiver Other Alone New Person Mentor	Me Other	Yes No	Really Good Good Ok Not too Good Really Bad
		Parent/Sig. Other Family Member Caregiver Other Alone New Person Mentor	Me Other	Yes No	Really Good Good Ok Not too Good Really Bad
		Parent/Sig. Other Family Member Caregiver Other Alone New Person Mentor	Me Other	Yes No	Really Good Good Ok Not too Good Really Bad
		Parent/Sig. Other Family Member Caregiver Other Alone New Person Mentor	Me Other	Yes No	Really Good Good Ok Not too Good Really Bad
		Parent/Sig. Other Family Member Caregiver Other Alone New Person Mentor	Me Other	Yes No	Really Good Good Ok Not too Good Really Bad
		Parent/Sig. Other Family Member Caregiver Other Alone New Person Mentor	Me Other	Yes No	Really Good Good Ok Not too Good Really Bad
		Parent/Sig. Other Family Member Caregiver Other Alone New Person Mentor	Me Other	Yes No	Really Good Good Ok Not too Good Really Bad
		Parent/Sig. Other Family Member Caregiver Other Alone New Person Mentor	Me Other	Yes No	Really Good Good Ok Not too Good Really Bad