

**LOCAL COLLABORATIVE TIME STUDY (LCTS)**

**Random Moment Follow-up Sheet**

A. To be filled out by the Recorder:

Recorder's Name \_\_\_\_\_

Employee's Name \_\_\_\_\_

Moment to be recorded:

Day: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

B. To be filled out by the employee:

Code (A-K): \_\_\_\_\_

Employee's initials: \_\_\_\_\_

What were you doing? \_\_\_\_\_

Who were you with? ☐ Student/Child ☐ Family ☐ Colleague ☐ Other: \_\_\_\_\_

**The employee should return this form to the Recorder indicated in section A.**

**DO NOT SUBMIT THIS FORM TO DHS.**

*Your LCTS coordinator should ensure that this form is retained by your organization as backup documentation for at least FOUR years.*