

LOCAL COLLABORATIVE TIME STUDY (LCTS)**Quarterly Random Moment Follow-up Sheet****Recorder's name:** *(Recorder - fill this in before distributing)**(Your LCTS Coordinator should ensure that this form is retained by your organization as backup documentation for at least FOUR years.)***Random Moment Summary for Quarter ending** _____**Employee's name:** *(Employee - return this completed form to the Recorder named above)***1) Moment to be recorded:**

Day: _____

Code (A - K): _____

Date: _____

Employee's initials: _____

Time: _____

Date initialed: _____

What were you doing? _____

Who were you with? ☐ Student/Child ☐ Family ☐ Colleague ☐ Other: _____**2) Moment to be recorded:**

Day: _____

Code (A - K): _____

Date: _____

Employee's initials: _____

Time: _____

Date initialed: _____

What were you doing? _____

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

See Other Side

LOCAL COLLABORATIVE TIME STUDY (LCTS)**Quarterly Random Moment Follow-up Sheet (page 2)****3) Moment to be recorded:**

Day: _____ Code (A - K): _____
 Date: _____ Employee's initials: _____
 Time: _____ Date initialed: _____

What were you doing? _____

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

4) Moment to be recorded:

Day: _____ Code (A - K): _____
 Date: _____ Employee's initials: _____
 Time: _____ Date initialed: _____

What were you doing? _____

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

5) Moment to be recorded:

Day: _____ Code (A - K): _____
 Date: _____ Employee's initials: _____
 Time: _____ Date initialed: _____

What were you doing? _____

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