

Community Mental Health for Central Michigan
ABA Transportation Log

Consumer Name: _____ Consumer ID: _____
Date of Service: _____

Driver completes:

Start time in vehicle with Consumer: _____

End time in vehicle with Consumer: _____

Miles: _____

Destination(s)/Purpose/Reason for Travel:

Name of Driver (printed): _____

Signature of Driver: _____

Person providing direct ABA services during transportation completes:

Location of staff in vehicle: _____

Location of Consumer in vehicle: _____

Related ABA goal:

Notes:

Name of Staff providing service (printed): _____

Signature of Staff providing service: _____

Credentials/Title: _____