Name _____ Place _____

Time _____ Day_____ Date_____

Your room number _____ Therapist name _____

Here is your **primary** task for the session _____

Here is the **secondary** task for the session _____

Therapist instructions:
At specific times, you will need to stop working on your primary task and go do the secondary task. After you finish the secondary task, write down the time you got finished, then go back to where you started and resume working on your primary task until the next time point.

Time	Secondary Tasks	Time Finished