Name___                    EVENT CALENDAR__________________20____
DOB

“Spells” vs Sparkling Events (preferred experience)

<table>
<thead>
<tr>
<th>MON</th>
<th>TUES</th>
<th>WED</th>
<th>THURS</th>
<th>FRI</th>
<th>SAT</th>
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Instructions:

Fill in the month and all the dates.

If the “spell” or sparkling event occurs, write down the number of these experienced that day.

Also note its duration (time) and intensity (1-5) and any other significant causative information.

Attempt to have child self-record data. If not try to do it together.

Add any other significant information or notes about the event: What brings it on or makes it better in these spaces.