

Participant: \_\_\_\_\_

DSW: \_\_\_\_\_

SERVICE DAY SUPPORT: 1on1 2on1 3on1

SERVICE NIGHT SUPPORT: 1on1 2on1 3on1

Date:	Mon	Tues	Wed	Thu	Fri	Sat	Sun	Incidents or Accidents
Time In:								Mon Yes/ No
Time Out:								Tues Yes/ No
Time In:								Wed Yes/ No
Time Out:								Thur Yes/ No
Daily Total								Fri Yes/ No
Brush teeth/ Wash face								Sat Yes/ No
Hair Care/ Shampoo								Sun Yes/ No
Dressing/ Grooming								# of Bowel Movement (s)
Bathing/Lotion								Monday 0 1 2 3 4 5
	Mon	Tues	Wed	Thu	Fri	Sat	Sun	Tuesday 0 1 2 3 4 5
Housekeeping/ Laundry								Wednesday 0 1 2 3 4 5
Skills Training								Thursday 0 1 2 3 4 5
Transportation/ Community								Friday 0 1 2 3 4 5
Money Management								Saturday 0 1 2 3 4 5
								Sunday 0 1 2 3 4 5
MEALS	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Please circle the meal you prepare	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Emergency Evacuation Drill:
	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	
	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	
Vital Signs	Temp=	Temp=	Temp=	Temp=	Temp=	Temp=	Temp=	Mon _____
	BP=	BP=	BP=	BP=	BP=	BP=	BP=	Tue _____
General Health	Good	Good	Good	Good	Good	Good	Good	Wed _____
	Fair	Fair	Fair	Fair	Fair	Fair	Fair	Thur _____
	Poor	Poor	Poor	Poor	Poor	Poor	Poor	Fri _____
								Sat _____
								Sun _____

Mon: \_\_\_\_\_

Tues: \_\_\_\_\_

Wed: \_\_\_\_\_

Thu: \_\_\_\_\_

Fri: \_\_\_\_\_

Sat: \_\_\_\_\_

Sun: \_\_\_\_\_

Mon	Tues	Wed	Thu	Fri	Sat	Sun

Times of Medication Administration

Authorized Signature: \_\_\_\_\_ DSW Signature \_\_\_\_\_ Facilitator: \_\_\_\_\_ Phone Number \_\_\_\_\_

Participant: \_\_\_\_\_

DSW: \_\_\_\_\_

SERVICE DAY SUPPORT: 1on1 2on1 3on1

SERVICE NIGHT SUPPORT: 1on1 2on1 3on1

Monday: \_\_\_/\_\_\_/\_\_\_

Tuesday: \_\_\_/\_\_\_/\_\_\_

Wednesday: \_\_\_/\_\_\_/\_\_\_

Thursday: \_\_\_/\_\_\_/\_\_\_

Fri: \_\_\_/\_\_\_/\_\_\_

Saturday: \_\_\_/\_\_\_/\_\_\_

Sunday: \_\_\_/\_\_\_/\_\_\_

Authorized Signature: \_\_\_\_\_ DSW Signature \_\_\_\_\_ Facilitator: \_\_\_\_\_ Phone Number \_\_\_\_\_