

CONSUMERLINK NETWORK STAFFING PROVIDER DAILY PROGRESS NOTE *H2015 and Respite Services*

Consumer Name: Bill Smith

Consumer ID: 12345

Date: 7.1.2011

Hours requested from FAT/IPOS: CLS 4 hours/week Respite 4 hours/week

Provider / Staff: ExpertCare / Hal Helpful

SC /SCA: Suzie Support / The Guidance Center

Consumer Expected Goal / Outcome from IPOS related to CLS or Respite:

Bill will increase his independence as evidenced by being able to use the bus independently by January 1st 2012.

Expected Interventions / Action Areas from IPOS

- 1) **Community Living Supports (CLS)** (key areas of focus identified from FAT tool for Adults or IPOS)
 - a) Staff will assist Bill in riding the bus 2 times weekly to his skill building site, doctors visits or other destinations providing guidance and education to assist in learning needed skills.
 - b) Staff will educate and assist Bill with learning to make healthy meals daily, reviewing menu choices, prompting him with food preparation, educating on kitchen safety and providing assistance where needed.
 - c) Staff will assist Bill in improving his ability to handle frustration daily. Staff will provide reassurance to Bill when he becomes upset, remind him to take deep breaths, and help him to identify what he needs or steps that need to be taken to make things better.
- 2) **Respite** (key areas of focus identified from IPOS)
- 3) **Other Intervention Areas from IPOS** (See IPOS for specific CLS interventions required)

Behavior Plan (BP)
Nutrition (N)

Occupational Therapy (OT)
Physical Therapy (PT)

Speech Therapy (ST)

Start Time	Stop Time	Task Completed / Intervention	Objective Area from IPOS	Progress	Comments	Initials
8AM	9 AM	Assisted Bill in riding bus to work. Prompted him with paying attention to bus number, route and needed stop.	CLS A	<input type="checkbox"/> Decreased <input checked="" type="checkbox"/> Same <input type="checkbox"/> Improved	Bill was excited about learning to ride the bus, interacted well with others	HH
5 PM	6PM	Guided and assisted Bill with making dinner. Reviewed his menu for options, prompted him in obtaining items and meal prep. Reminded him about fire safety with gas stove. Prompted Bill to keep calm when he became frustrated with making dinner.	CLS B, C	<input type="checkbox"/> Decreased <input checked="" type="checkbox"/> Same <input type="checkbox"/> Improved	Bill wanted staff to do most of cooking, required several prompts to stay on task, became frustrated and impatient.	HH

Start Time	Stop Time	Task Completed / Intervention	Objective Area from IPOS	Progress	Comments	Initials
6 PM	6:30 PM	Reminded Bill to take evening meds, assisted him in completing dinner clean up.	CLS	<input type="checkbox"/> Decreased <input checked="" type="checkbox"/> Same <input type="checkbox"/> Improved	Bill was cooperative	HH
6:30 PM	7:30 PM	Assisted Bill with showering, helping in and out of tub, reminding to wash thoroughly, complete grooming and hygiene.	CLS	<input type="checkbox"/> Decreased <input checked="" type="checkbox"/> Same <input type="checkbox"/> Improved		HH
7:30 PM	8 PM	Guided Bill in preparing lunch and clothes choices for tomorrow, reviewed next day schedule.	CLS B	<input checked="" type="checkbox"/> Decreased <input type="checkbox"/> Same <input type="checkbox"/> Improved	Bill did not want to prepare his lunch, required multiple reminders to complete, did OK with picking clothes for weather.	HH
8:00 PM	9:00 PM	Monitored Bill for health and safety. Watched ball game on TV with Bill.	Respite	<input type="checkbox"/> Decreased <input checked="" type="checkbox"/> Same <input type="checkbox"/> Improved		HH
AM PM	AM PM			<input type="checkbox"/> Decreased <input type="checkbox"/> Same <input type="checkbox"/> Improved		
AM PM	AM PM			<input type="checkbox"/> Decreased <input type="checkbox"/> Same <input type="checkbox"/> Improved		
AM PM	AM PM			<input type="checkbox"/> Decreased <input type="checkbox"/> Same <input type="checkbox"/> Improved		
AM PM	AM PM			<input type="checkbox"/> Decreased <input type="checkbox"/> Same <input type="checkbox"/> Improved		

Parent / Guardian Signature

Maggie Smith

Date: 7.1.2011

Parent / Guardian Signature

Caregiver Signature

Hal Helpful, HH

Staff -Signature & Initials

Staff Signature & Initials

Staff Signature & Initials

Staff Signature & Initials

Print Name

Print Name

Print Name

Print Name