



EASTERSEALS DAILY PROGRESS NOTE
CLS (H2015) & In-Home Respite (T1005) Services

Individual's Name: **Jane Smith**

Individual's ID: **0123456**

Provider Agency: ExpertCare Management Services

SC: Susan Jones, Supports Coordinator

Caregiver Name: **Carrie Caregiver**

Date: **03/21/16**

Action Items / Objectives from IPOS

- 1) **Community Living Supports (CLS)** (key areas of focus identified in the IPOS)
 - a) Staff will prompt and guide Jane to complete homework and chores around the house.
 - b) Staff will redirect Jane if any aggressive behaviors occur during activities. Staff will prompt Jane to go to her "quiet spot (bedroom)" to calm herself versus engaging in argumentative, impulsive, or aggressive behavior.
 - c) Staff will encourage Jane to participate in various activities at home and in the community to increase social skills, interpersonal skills, and build family relationships.
- 2) **Respite**
 - a) Jane and her family will utilize respite hours to provide parental break from daily care needs to support and keep Consumer stable. Staff will monitor Jane at all times during provision of care.

Shift Start & End Times (include AM or PM)	Task Completed / Intervention	Objective Area from IPOS	Progress	Comments	Initials
4 pm – 7 pm	Prompted Jane to complete her homework after having a snack. Assisted with clearing workspace for homework.	CLS 1a	<input checked="" type="checkbox"/> Decreased <input type="checkbox"/> Same <input type="checkbox"/> Improved	Had to prompt Jane several times to focus on homework.	CC
4 pm – 7 pm	Re-directed Jane when she was upset & frustrated. She went to her room to calm down.	CLS 1b	<input type="checkbox"/> Decreased <input checked="" type="checkbox"/> Same <input type="checkbox"/> Improved		CC
7 pm – 9 pm	Monitored Jane for health & safety while we played games and videos.	Respite	<input type="checkbox"/> Decreased <input checked="" type="checkbox"/> Same <input type="checkbox"/> Improved		CC
			<input type="checkbox"/> Decreased <input type="checkbox"/> Same <input type="checkbox"/> Improved		
			<input type="checkbox"/> Decreased <input type="checkbox"/> Same <input type="checkbox"/> Improved		

Parent / Guardian Signature

Janet Smith, Parent/Guardian
 Parent / Guardian Signature

Date: 3/21/16

Caregiver Signature:

Carrie Caregiver
 Caregiver Signature

Carrie Caregiver
 Caregiver Print Name