

DDS Supportive Living

USE BLACK INK ONLY
 DO NOT USE WHITEOUT
 PRINT CLEARLY

Case Coordinator _____

Week of ____ / ____ / ____ -- ____ / ____ / ____

Consumer _____ Employee/Position _____ - SL _____

ISP GOALS AND OBJECTIVES

1	Self Direction When given two choices he/she will choose the appropriate one.	5	Exercise/Physical Fitness He/she will participate in physical activities daily in order to promote optimal health and fitness.
2	Personal Hygiene He/she will complete all necessary personal hygiene with minimal prompting.	6	Recreational Activities He/she will participate in recreational activities in order to facilitate both learning and relaxation.
3	Behavior Management He/she will control all inappropriate behavior and learn a positive way to deal with anger or frustration.	7	Independent Living Skills He/she will keep living facilities clean and will complete washing laundry.
4	Socialization & Community Integration He/she will learn to interact with staff, peers, and community member in an appropriate manner.	8	Medication Management He/she will identify all medication and follow medication schedule with minimal prompting.

LEVEL OF INDEPENDENCE

20% of the time: consumer needs total assistance	80% of the time: consumer needs little assistance
40% of the time: consumer needs significant assistance	100% of the time: consumer did not need assistance
60% of the time: consumer needs assistance half of the time	0% Consumer refused to work on goal

Services Provided

Goals Worked On: G (indicated by number) **Level of Independence for each task:** (indicated by %)

Progress: Should include promoting required, comparison to previous attempts, environment, etc.

Monday Date _____ Initials _____ Time IN _____ am/pm Time OUT _____ am/pm

Goals worked on and level of independence: G# _____ - % G# _____ - % G# _____ - % G# _____ - % G# _____ - %

Progress _____

Mileage _____ Target Behavior Occurred: (Yes or No) _____

Tuesday Date _____ Initials _____ Time IN _____ am/pm Time OUT _____ am/pm

Goals worked on and level of independence: G# _____ - % G# _____ - % G# _____ - % G# _____ - % G# _____ - %

Progress _____

Mileage _____ Target Behavior Occurred: (Yes or NO) _____

Wednesday Date _____ Initials _____ Time IN _____ am/pm Time OUT _____ am/pm

Goals worked on and level of independence G# _____ - % G# _____ - % G# _____ - % G# _____ - % G# _____ - %

Progress _____

Mileage: _____ Target Behavior Occurred: (Yes or No) _____

Thursday Date _____ **Initials** _____ **Time IN** _____ **am/pm** **Time OUT** _____ **am/pm**
 Goals worked on and level of independence: **G#** _____ - **% G#** _____ - **%G#** _____ - **%G#** _____ - **% G#** _____ - **%** _____
 Progress _____

 Mileage _____ Target Behavior Occurred: (Yes or No) _____

Friday Date _____ **Initials** _____ **Time IN** _____ **am/pm** **Time OUT** _____ **am/pm**
 Goals worked on and level of independence: **G#** _____ - **% G#** _____ - **%G#** _____ - **%G#** _____ - **% G#** _____ - **%** _____
 Progress _____

 Mileage _____ Target Behavior Occurred: (Yes or No) _____

Saturday Date _____ **Initials** _____ **Time IN** _____ **am/pm** **Time OUT** _____ **am/pm**
 Goals worked on and level of independence: **G#** _____ - **% G#** _____ - **%G#** _____ - **%G#** _____ - **% G#** _____ - **%** _____
 Progress _____

 Mileage _____ Target Behavior Occurred: (Yes or No) _____

Sunday Date _____ **Initials** _____ **Time IN** _____ **am/pm** **Time OUT** _____ **am/pm**
 Goals worked on and level of independence: **G#** _____ - **% G#** _____ - **%G#** _____ - **%G#** _____ - **% G#** _____ - **%** _____
 Progress _____

 Mileage _____ Target Behavior Occurred: (Yes or No) _____

Consumer or Parent Signature _____ Date _____

By signing this sheet, I do hereby attest that I actually provided the above services and mileage, indicating the exact hours that I provided the service.

By signing this, I do hereby attest I have carefully reviewed the document to ensure the service provided was outlined in the plan of care and that it is approved for billing.

Staff signature _____

Coordinator's Signature) _____

Contact Number _____