Cornucopia
Adult and Family Services

FAMILY LIVING DAILY SUMMARY

Date: _____ (Month) / _____ (Year)

Family Living Provider: _Corine Montoya_____   **FLP Service Coordinator:** _Veronica Dozal___

**Individual Receiving
Services:**_Emil Montoya_____   **Day Program Schedule:** _____

Schedule: 24 hour care   **Prompting Sequence:**   M = Modeling
                                                      I = Independent   PP = Physical Prompt
Desired Outcomes: See ISP.   IR = Initial Request   HH = Hand-Over-Hand
                                                      RV = Repeated Verbal   R = Refusal

<u>Enter prompting level on each day of the month that you worked on the stated Action Step with the individual.</u>

Desired Outcome(s) (Live): Emil will prepare a meal for his family.
Action Step(s): 1. Emil will choose a meal to prepare for his family once a month.

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.
17.	18.	19.	20.	21.	22.	23.	24.	25.	26.	27.	28.	29.	30.	31.	

Describe Progress towards Desired Outcome(s): _____
_____
_____
_____

Desired Outcome (Live): Emil will prepare a meal for his family.
Action Step(s): 2. Emil will prepare a meal once a month.

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.
17.	18.	19.	20.	21.	22.	23.	24.	25.	26.	27.	28.	29.	30.	31.	

Describe Progress towards Desired Outcome(s): _____
_____
_____
_____

NOTE: Record community contacts, medical/therapy appointments, hospitalizations, and major behavior events back page!

➔

Calendar Date: _____ (mo.)/ _____ (yr)
Use to record community contacts, medical/ therapy appointments, hospitalizations, and major behavior events!

SUN	MON	TUES	WED	THURS	FRI	SAT
____	____	____	____	____	____	____
____	____	____	____	____	____	____
____	____	____	____	____	____	____
____	____	____	____	____	____	____
____	____	____	____	____	____	____

MEDICAL/ THERAPY APPOINTMENTS & FOLLOW-UP: _____
_____
_____
_____

CHANGES IN MEDICATIONS: _____
_____

FAMILY/ NATURAL SUPPORT CONTACTS: _____
_____

SIGNIFICANT BEHAVIOR ISSUES: _____
_____
_____

SCHOOL/ DAY PLACEMENT/ WORK CHANGES OR CHANGES IN HOME: _____
_____

COMMENTS: _____
_____
_____