



Individual: _____

FLP Name: _____

Date:	Incidents:
Dr. Appointments:	Therapy Visits:
Morning Narrative: 12:00 am - ____ am	
Afternoon Narrative: ____ pm - ____ pm	
Evening Narrative: ____ pm - 11:59 pm	
Please check below that apply:	
<input type="checkbox"/> Bathing: Level____ <input type="checkbox"/> Oral Hygiene: Level____ <input type="checkbox"/> Grooming: Level____ <input type="checkbox"/> Breakfast: Level____ <input type="checkbox"/> Ate/Packed Lunch: Level____ <input type="checkbox"/> Asst. w/Meds: Level____ Day Program- Yes____ No____ <input type="checkbox"/> Ate Dinner: Level____ <input type="checkbox"/> Cleaned Room: Level____ Up During the Night: Yes____ No____ <input type="checkbox"/> Did Laundry: Level____	
Daily Outings/Activities-_____	
Family Living Signature:	

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Daily Outings/Activities-_____	
Family Living Signature:	

Level Legend:

V (Verbal), Md. (Modeling), I (Independent), P (Physical), T (total Assistance), R (Refusal), Ms. (Missed),
 Y= Yes, N=No