



Calgary Progressive Lifestyles Foundation

Providing Services for Citizens with DisAbilities

Support Staff Month End Report

I. Personal Information

1. Date	
2. Client Name	
3. Prepared By	
4. Review Period	

II. Home Inspection

Health/Medication Review: (Eating Habits, doctor appointments, medication changes, PRNs administered)	Eating habits: Good <input type="checkbox"/> Poor <input type="checkbox"/> Comment(s): _____
	Doctor's appointment: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, then provide professional appointment form. Medication changes: Yes <input type="checkbox"/> No <input type="checkbox"/> PRN: Yes <input type="checkbox"/> No <input type="checkbox"/> Comment: _____
2. Fire escape plan posted	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
3. Smoke Detectors checked	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4. Extinguishers Checked	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
5. Thermostat valve installed	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
6. Water Temperature reading (F)	
7. Medications locked with key/combination lock in cabinet	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
8. Narcotics double-locked	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

III. Individual

1. Behaviours: report any changes in behaviours.	Yes <input type="checkbox"/> No <input type="checkbox"/> Change in behaviour: _____
2. Incident Report: were there any incident reports submitted	Yes <input type="checkbox"/> <input type="checkbox"/> no incidents this month Date reported: _____



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<p>3. Client Rights: how was the client supported to exercise their rights? Give Examples.</p>	<p>Choices: <input type="checkbox"/> Contact Guardian <input type="checkbox"/> Privacy <input type="checkbox"/> Send & receive mail <input type="checkbox"/> Grievance procedure <input type="checkbox"/> To choose your religion <input type="checkbox"/> To vote <input type="checkbox"/> To express feelings <input type="checkbox"/> dignity <input type="checkbox"/> Leisure activities <input type="checkbox"/> Right to refuse <input type="checkbox"/> Medical services <input type="checkbox"/> To make friends <input type="checkbox"/> Example:</p>
<p>4. Abuse reporting and Response Protocol: discussed with client who to tell if something happened that they did not like.</p>	<p>Physical Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Negligence <input type="checkbox"/> Exploitation <input type="checkbox"/> Inappropriate use of Restrictive Procedures <input type="checkbox"/> Person to contact: Guardian <input type="checkbox"/> Case Manager <input type="checkbox"/> Support Worker <input type="checkbox"/></p>
<p>5. AT-EI: Maintenance completed</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Details of Maintenance and date:</p>
<p>6. Individuals personal goals</p>	

IV. ISP Goals: What ISP goals has the individual achieved this month? (refer back to the goals in current ISP)

1.
2.
3.

V. Outcomes

Community inclusion (Individual in the community 3+ times per week)
1.
2.
3.

VI. Employed

Independently Supported Not employed

Individual likes Job? Yes No

What do you like?



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What don't you like? _____

VII. Volunteers

Yes No

Individual likes volunteer position Yes No

What do you like? _____

What don't you like? _____

VII.

1. Staff Signature		Date:
2. Case Manager		Date:
3. Additional Information		