

Shift Report

Date: Client’s Name: Prepared by: Type of Dates of Support: Activities:

Health / Medication (appetite, medication, administration, energy level etc):

Behaviors (behavioral concerns, mood, etc):

Did the client:

Make choices about activities? No Yes

Express satisfaction with support? No Yes

Report any concerns or abuse? No Yes

Demonstrate any safety issues? No Yes

General comments / recommendation / information for next shift:

mm / dd / yyyy

*Signature here*

 Support Staff Signature Date

mm / dd / yyyy

*Signature here*

 Case Manager Signature Date