**Support Staff Month End Report**

 **Personal Information**

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

#  Home Inspection

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

#  Individual

|  |  |
| --- | --- |
| 1. Behaviours: report any changes in behaviours.  |  Yes No Change in behaviour:  |
| 2. Incident Report: were there any incident reports submitted  |  Yes No accidents this month Date reported:  |
| 3. Client Rights: how was the client supported to exercise their rights? Give Examples.  | Choices: Contact Guardian Privacy  Send & receive mail  Grievance procedure To choose your religion  To vote To express feelings dignity  Leisure activities Right to refuse  Medical services To make friends  Example:  |
| 4. Abuse reporting and Response Protocol: discussed with client who to tell if something happened that they did not like.  |  Physical Abuse Sexual Abuse Emotional Abuse  Negligence Exploitation  Inappropriate use of Restrictive Procedures  Contact: Guardian Case Manager Support Worker  |
| 5. AT-EI: Maintenance completed  |  Yes No N/A Details of Maintenance and date:  |
| 6. Individuals personal goals  |   |

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

 1.

 2.

 3.

#  Outcomes Community inclusion (Individual in the community 3+ times per week)

 1.

 2.

 3.

# Employed

 Independently Supported Not employed

Individual likes Job? Yes No

What do you like?

What don’t you like?

# Volunteers

 Yes No

Individual likes volunteer position Yes No

What do you like?

What don’t you like?

**Additional information:**

Date

Date

Staff Signature

Staff Signature