**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