



Support Staff Month End Report

Personal Information

Client's name: _____

Date: _____

Prepared by: _____

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: _____

Fire escape plan posted:

Yes

No

N/A

Smoke detectors checked:

Yes

No

N/A

Extinguishers checked:

Yes

No

N/A

Thermostat valve installed:

Yes

No

N/A

Water Temperature reading:

Yes

No

N/A

Medications locked with key/
combination lock in cabinet:

Yes

No

N/A

Narcotics double-locked:

Yes

No

N/A

Individual

Behaviours:

Report any changes in behaviours

Yes No

Changes: _____

Incident report:

Were there any incident reports submitted?

Yes No

Date reported: _____

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: _____

Abuse reporting and response protocol:

Discuss 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

AT-EI:

Maintenance completed.

Yes No N/A

Details of Maintenance and date:

Individual 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	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?	_____	

Staff Signature

Date

Case Manager Signature

Date

Additional Information