



Shift Report

Date: _____

Client's Name: _____

Prepared by: _____

Type of Dates of Support: _____

Activities:

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

Support Staff Signature

Date

Case Manager Signature

Date