

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