

Clark Quality Care

Individual's Full Name: _____

Date: _____ Shift/Service Delivery Time: _____

Daily Living Skills (Housekeeping, Laundry, Cooking, Shopping, Money Management)

Community Integration (Recreational, Banking, Community Resources, Use of Public Facilities)

Health/Safety/Skills (Home/Community Safety, Nutrition, Medical Care, Medication Training, Personal Hygiene)

Social Skills (Interaction with staff, peers, and others, making choices communication with staff and others)

Behavior Management (Verbal Redirecting, Prompting, Relaxation Techniques)

Staff Full Name: _____

Title: _____