

**Daily Living Skills Training and Community Living Support**  
**Weekly Reporting Form**

Member Name: \_\_\_\_\_

Reporting Period: From \_\_\_\_\_ To \_\_\_\_\_

Report Written By: \_\_\_\_\_

**SCHEDULE**

<b>OUTCOME #</b>	<b>SUN</b>	<b>MON</b>	<b>TUES</b>	<b>WED</b>	<b>THURS</b>	<b>FRI</b>	<b>SAT</b>	<b>TOTAL</b>
	<b># Hours</b>	<b># Hours</b>	<b># Hours</b>	<b># Hours</b>	<b># Hours</b>	<b># Hours</b>	<b># Hours</b>	
<b>1</b>								
<b>2</b>								
<b>3</b>								
<b>4</b>								
<b>5</b>								
<b>Total Hours</b>								

**Outcome # 1**

**Methods of training, education and intervention provided:**

**Outcome progress:**

**Member input on outcome:**

**Recommendations/Changes to outcome:**

**Outcome # 2**

**Methods of training, education and intervention provided:**

**Outcome progress:**

**Member input on outcome:**

**Recommendations/Changes to outcome:**

**Outcome # 3**

**Methods of training, education and intervention provided:**

**Outcome progress:**

**Member input on outcome:**

**Recommendations/Changes to outcome:**

**Outcome # 4**

<b>Methods of training, education and intervention provided:</b>
<b>Outcome progress:</b>
<b>Member input on outcome:</b>
<b>Recommendations/Changes to outcome:</b>

**Outcome # 5**

<b>Methods of training, education and intervention provided:</b>						
<b>Outcome progress:</b>						
<b>Member input on outcome:</b>						
<b>Recommendations/Changes to outcome:</b>						
<b>Telephony Failures Only:</b>						
<b>Date</b>						
<b>In</b>						
<b>Out</b>						

**Provider Signature/Date** \_\_\_\_\_

**Methods of training, education and intervention provided:**

**Outcome progress:**

**Member input on outcome:**

**Recommendations/Changes to outcome:**

**Telephony Failures Only:**

<b>Date</b>						
<b>In</b>						
<b>Out</b>						

**Provider Signature/Date** \_\_\_\_\_