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| --- | --- |
| Client Name: Click or tap here to enter text. | Agency Name: Click or tap here to enter text. |
| Type of Activity: [ ] Transitional Case Management [ ]  CSP [ ] Supported Employment [ ]  Peer Support |
| Type of Service: [ ]  Individual [ ]  Group |
| Location: [ ] Office [ ] Home [ ] Skilled Nursing Facility [ ] Nursing Facility [ ] CMHC [ ] Other |
| Goal (s) Number: Click or tap here to enter text. | Objective(s) Number: Click or tap here to enter text. |
| Present at Session: [x]  Client [ ]  Others (Please identify name (s) and relationship to client): Click or tap here to enter text. |
| Interventions Provided: Click or tap here to enter text. |
| Client Response to the Intervention: Click or tap here to enter text. |
| Plan and Next Steps: Click or tap here to enter text. |
| Level Of Assistance: [ ] 5 Maximum [ ] 4 Moderate [ ] 3 Minimum [ ] 2 Standby [ ] 1 Independent [ ] 0 Unable |
| Signature and Credentials of Staff | Date of Sign | Date of Service | Start Time | Stop Time | Total Time |
|  |  | DOS | Start Time | Stop Time |  |

|  |  |
| --- | --- |
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|  |  | DOS | Start Time | Stop Time |  |

**\*Level of Assistance**

**5 - MAXIMUM ASSISTANCE – Cues –** Step by step **physical gestures, pointing and demonstrations**. **Prompts/Coaching -** Step by step **physical demonstrations with visual and verbal directions** that prompt the participant to perform the skills and/or tasks.

**4 - MODERATE ASSISTANCE – Cues** – Step by step **verbal & written directions/hints** to help organize thoughts. **Prompts/Coaching** – Step by step **verbal directions**.

**3 - MINIMUM ASSISTANCE – Cues** - **Verbal & written hints** related to the task. **Prompts/Coaching** – **Written and/or verbal directions**.

**2 - STANDBY ASSISTANCE – Cues** – **Visual demonstrations** related to the task. **Prompts/Coaching** – **Visual and physical directions** that prompt the participant to perform the skills and/or tasks.

**1 - INDEPENDENT – No physical or cognitive assistance needed to perform activities or tasks.**

**0 - UNABLE TO ASSESS OR INDIVIDUAL REFUSES TO BE ASSESSED.**