

DAILY NOTES

PROVIDER: Signal Centers Adult Day Care

PARTICIPANT:

TARGET GOAL:

SCHEDULED ATTENDANCE: M TU W TH F

DATE m/d/yy	NOTES	Additional Comments	Initials
	Participated in activities ___yes ___no Consumed meals ___yes ___no Changes in behavior/health ___yes ___no		
	Participated in activities ___yes ___no Consumed meals ___yes ___no Changes in behavior/health ___yes ___no		
	Participated in all activities ___yes ___no Consumed meals ___yes ___no Changes in behavior/health ___yes ___no		
	Participated in all activities ___yes ___no Consumed meals ___yes ___no Changes in behavior/health ___yes ___no		
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	Participated in activities ___yes ___no Consumed meals ___yes ___no Changes in behavior/health ___yes ___no		

Level of Bi- Weekly Participation

- Satisfactory _____
- Minimal _____
- None _____

Bi-Weekly Progress Toward Goal

- Satisfactory _____
- Minimal _____
- None _____

Reason for less than minimal participation and/or Progress?

Reason for greater than minimal participation and/or Progress?