

Northern NM Quality Care Family Living Progress notes

Individual: _____ Month: _____ Year: 2023

Please describe the Activities/Services/ Outcomes performed on this day as well as any noticeable progress that was observed. Please keep these topics in mind when filling out this form: What Appointments were attended? What Social Community or Leisure Activities were participated in? What did you notice new about the individual served preferences, progress, unusual events, challenges and patterns? Documentation due no later than the 5th of next month

	Activities	Time
Month ____ / 1 12:00am-11:59pm	SLP BSC OT PT Time out: _____ Time in: _____ C.I.E. Time out: _____ Time in: _____ C.C.S/I Time out: _____ Time in: _____ C.C.S/G Time out: _____ Time in: _____ Signature and Title:	
Month ____ / 2 12:00am-11:59pm	SLP BSC OT PT Time out: _____ Time in: _____ C.I.E. Time out: _____ Time in: _____ C.C.S/I Time out: _____ Time in: _____ C.C.S/G Time out: _____ Time in: _____ Signature and Title:	
Month ____ / 3 12:00am-11:59pm	SLP BSC OT PT Time out: _____ Time in: _____ C.I.E. Time out: _____ Time in: _____ C.C.S/I Time out: _____ Time in: _____ C.C.S/G Time out: _____ Time in: _____ Signature and Title:	

Individual:

Month:

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Month ___/ 4 12:00am-11:59pm

SLP BSC OT PT

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Signature and Title:

Month ___/ 5 12:00am-11:59pm

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Signature and Title:

Month ___/ 6 12:00am-11:59pm

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Signature and Title:

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Signature and Title:

Month ____/ 11 12:00am-11:59pm

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Signature and Title:

Month ____/ 12 12:00am-11:59pm

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Signature and Title:

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Month:

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Month ____/ 13 12:00am-11:59pm

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Signature and Title:

Month ____/ 14 12:00am-11:59pm

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Signature and Title:

Month ____/ 15 12:00am-11:59pm

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Signature and Title:

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Month:

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Month ____/ 16 12:00am-11:59pm

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Signature and Title:

Month ____/ 17 12:00am-11:59pm

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Time out: _____

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Signature and Title:

Month ____/ 18 12:00am-11:59pm

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Month ____/ 19 12:00am-11:59pm

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Signature and Title:

Month ____/ 20 12:00am-11:59pm

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Signature and Title:

Month ____/ 21 12:00am-11:59pm

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Month ___/22 12:00am-11:59pm

SLP BSC OT PT

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Signature and Title:

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Signature and Title:

Month ___/24 12:00am-11:59pm

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Signature and Title:

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Month ___/25 12:00am-11:59pm

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Signature and Title:

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Signature and Title:

Month ___/27 12:00am-11:59pm

SLP BSC OT PT

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Signature and Title:

Individual:

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Month ___/28 12:00am-11:59pm

SLP BSC OT PT

Time out: _____

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Signature and Title:

Month ___/29 12:00am-11:59pm

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Signature and Title:

Month ___/30 12:00am-11:59pm

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Signature and Title:

Individual:

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Month ____/ 31 12:00am-11:59pm

SLP BSC OT PT

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Time in: _____

Signature and Title:

Reviewed by: _____ Date: _____

Acronyms:

SLP	Speech Language Pathologist
BSC	Behavior Support Consultant
OT	Occupational Therapy
PT	Physical Therapy
C.I.E.	Community Integrated Employment (supported employment)
C.C.S/I	Customized Community Supports Individual (community access)
C.C.S/G	Customized Community Supports Group (day-hab)

Notes: Prior to handing in your daily documentation please make certain...

- To review your documentation to assure each 24-hour period **begins at 12:00am** and **ends at 11:59pm**.
- Each entry contains **the numeric month**
- Each daily entry contains **your signature and title (FLP)**
- The top of each page contains the **individual's name, the current month and year**
- To include time out/time in for **any supports that are listed on the right-hand side of the column (see acronyms)**
- To advise where all activities occurred (location) e.g. at home, in the community at the Espanola Wal-Mart, went to see a movie in Santa Fe, attended the State Fair in Albuquerque etc.
- To include what type of support was necessary **during all activities where applicable...verbal prompts, physical activity, modeling etc.**