**Sample Generic Schedule for Habilitative Services**

 **Service Code: \_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level of Service Score: \_\_\_\_\_\_ Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Plan Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total units approved for the Plan Year: \_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff Instructions**: *Describe how you provided support related to the participant’s supervision, support, behavior plan, mealtime guidelines, or other participant specific activities or needs. Actual schedules may look different depending on the participant’s need and the service being provided. This schedule lists the objective tasks to measure, positive behavior support plan details, activities in which the participant is involved, etc. List support level for tasks as it varies, identify if specific comments should be listed, and give a key to score items: (+) achieved (-)did not complete successfully according to objective (hh) hand over hand (D)demonstrate (R)refused (mp) motion prompt ….etc.*

*Items in* ***Red*** *are optional. This schedule reflects various ways to track info specific to a person: mealtime info, objective progress, activities, etc.*

| **Date**Month/day/year | **\_\_\_/\_\_\_ /\_\_\_** | **\_\_\_/\_\_\_ /\_\_\_\_** | **\_\_\_/\_\_\_ /\_\_\_\_** | **\_\_\_/\_\_\_ /\_\_\_\_** | **\_\_\_/\_\_\_ /\_\_\_\_** |
| --- | --- | --- | --- | --- | --- |
| **Service time in and out**(use military or am/pm)**Other time in and out**  | In:\_\_\_\_\_\_ Out:\_\_\_\_\_\_\_In:\_\_\_\_\_\_ Out:\_\_\_\_\_\_\_ | In:\_\_\_\_\_\_ Out:\_\_\_\_\_\_\_In:\_\_\_\_\_\_ Out:\_\_\_\_\_\_\_ | In:\_\_\_\_\_\_ Out:\_\_\_\_\_\_\_In:\_\_\_\_\_\_ Out:\_\_\_\_\_\_\_ | In:\_\_\_\_\_\_ Out:\_\_\_\_\_\_\_In:\_\_\_\_\_\_ Out:\_\_\_\_\_\_\_ | In:\_\_\_\_\_\_ Out:\_\_\_\_\_\_\_In:\_\_\_\_\_\_ Out:\_\_\_\_\_\_\_ |
| **Hygiene routine***Please explain the support provided* |  |  |  |  |  |
| **Leisure Time***Please explain the support provided* |  |  |  |  |  |
| **Fitness/Activity***Please explain the support provided* |  |  |  |  |  |
| **Community outing***Please explain the support provided* | Amount of time: \_\_\_\_ | Amount of time: \_\_\_\_ | Amount of time: \_\_\_\_ | Amount of time: \_\_\_\_ | Amount of time: \_\_\_\_ |
| **Daily Units Used** |  |  |  |  |  |
| *Staff initials, printed name & signatures:*  *\_\_\_\_\_= \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_= \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_= \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_= \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_= \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_= \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  |
| **Date**Month/day/year | **\_\_\_/\_\_\_ /\_\_\_\_** | **\_\_\_/\_\_\_ /\_\_\_\_** | **\_\_\_/\_\_\_ /\_\_\_\_** | **\_\_\_/\_\_\_ /\_\_\_\_** | **\_\_\_/\_\_\_ /\_\_\_\_** |
|  **Objective training**Staff: use methodology instructions on obj. page for scoring and training instructions**Objective: \_\_\_\_\_\_\_\_\_\_\_\_\_\_****List steps here** | *Only mark items**addressed today*Step # Score Support needed\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_ (# of + tasks/ # tasks attempted) | *Only mark items**addressed today*Step # Score Support needed\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_ (# of + tasks/ # tasks attempted) | *Only mark items**addressed today*Step # Score Support needed\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_ (# of + tasks/ # tasks attempted) | *Only mark items**addressed today*Step # Score Support needed\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_ (# of + tasks/ # tasks attempted) | *Only mark items**addressed today*Step # Score Support needed\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_ (# of + tasks/ # tasks attempted) |
| *Staff initials, printed name & signatures:*  *\_\_\_\_\_= \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_= \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_= \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_= \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_= \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_= \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  |

Balance of units at the end of last month: \_\_\_\_ Total units used this month: \_\_\_\_\_\_ Remaining units: \_\_\_\_\_\_\_\_ Monthly Objective Progress %: \_\_\_\_\_\_\_

Comments (Sign and date all comments): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\*\*Attach communication forms to log any issues, concerns, ideas, or restrictions that other staff and the Case Manager need to know. Be sure to sign and date all comments.