**Daily Entry-Site Based/Clubhouse**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_ **Start Time**\_\_\_\_\_\_\_\_am/pm **End Time:** \_\_\_\_\_\_\_\_\_am/pm

**Type of Contact:** 🞏 Individual 🞏 Group **Location of Service:** 🞏 Facility 🞏 Community: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Recovery Interventions**

🞏 Developing a relationship and trust 🞏 Developing new skills🞏 Determining individual readiness for rehabilitation 🞏 Supporting and practicing existing skills🞏 Completing mutual assessment of needs 🞏 Overcoming barriers to using skills🞏 Goal setting 🞏 Identifying or modifying an individual’s resources 🞏 Prioritizing needed and preferred skills and supports 🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Planning for resource development

**Summary of Contact:** Goal #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Objective A: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Objective B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Objective C: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rehabilitation Activities Participated in: 🞏\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(groups/individual interventions)

 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Describe the services/intervention provided as related to the individual’s goal and objective:** |
| **Describe the individual’s response (progress, response to intervention)** |
| **Describe next steps** |
| **Individual comments (optional)** |

***Was this daily entry completed collaboratively between the practitioner and the individual?*****YES NO**

**Individual’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Staff Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Staff Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_