

Respite Case Notes

Consumer: _____

Employee: _____

Month/Year: _____

Date: _____

Office use only:

HD _____

PD/MT _____

RB/RIV _____

SB _____

WSB _____

WE _____

I observed consumer performing the following Independent Living Skills:

Household chores preparing a meal grooming/hygiene

Choosing appropriate attire other _____

I observed consumer doing the following activities:

Reading watching movie/television playing games homework

Resting/sleeping conversation/companionship outside play

Date: _____

I observed consumer performing the following Independent Living Skills:

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