

**SELF-DETERMINATION WAIVER PROGRAM**  
**DAILY LOG**  
*(Please write legibly)*

Person Supported Name:	What outcomes were addressed during services?
<b>Worker Name:</b>	<input type="checkbox"/>
<b>Date of Service:</b>	<input type="checkbox"/>
<b>Time In:</b> AM/PM (Circle one)	<input type="checkbox"/>
<b>Time Out:</b> AM/PM (Circle one)	<input type="checkbox"/>
	<input type="checkbox"/>

DAILY NOTES WITH ACTIONS & OUTCOMES	
<b>What did the person supported learn about? What worked well? What did s/he like about the activity?</b>	
<b>What did you learn about? What did not work well? What did s/he not like about the activity? What needs to change?</b>	
<b>Who was there?</b> <i>(Family, Friends, Supporting Personnel, Visitors, Etc.)</i>	
<b>Overall Comments on the Person Supported Day:</b> <i>Was it a good day? Was it a bad day? Why?</i>	
<b>Other Important things about the Day:</b> <i>(Behavioral Incidents, Reportable Incidents, Medical Concerns/Symptoms, Complaints, Etc.)</i>	

**Provider Signature:** \_\_\_\_\_

**Employer Signature:** \_\_\_\_\_