CSP/RP ENCOUNTER NOTE

Client Name: (First, Middle, Last): **Quentin Blake** MPI/Client Number:

DDaP/AVATAR Program	n Code:											
Location: Community	х	Office		Type of Service: Ind				Group	X			
Goal(s) Number:	1. Money				Objective(s) Number: 1. Budgeting weekly							
Present at Session												
Interventions Provided (Please continue on back if necessary)	Demonstrated to Mr. Blake how to identify and list categories for types of expenses. Coached Mr. Blake in thinking through his weekly needs by talking through all of his expenditures from the last week. Provided Mr. Blake with a worksheet so that he can continue this work at home.											
Client Response to the Intervention/ Plan and Next Steps	Mr. Blake was excited to get started on his budgeting, but had trouble concentrating and required redirection several times, as he easily became distracted by his strong feelings about not already being allowed to budget his money. He was able to refocus on the task, and was pleased that he was able to identify a number of his expenses in group. Mr. Blake agreed that he would work with his cousin over the next several days to more thoroughly identify his expenses. At our next session on 1/24/11 at 10:00 we will go over the worksheet that I gave him for homework.											
*Level of Assistance (please circle one) 5 Maximum XX4 Moderate 3 Minimum 2 Standby 1 Independent 0 Unable								0 Unable				
Signature and Credentials of Staff			Date of Signature			Date of Service		Start Time		ime	Total Minutes	
Mary Tomason, BA			1/17/11			1/17/11		11am			35	
DDaP/AVATAR Program Code:												
Location: Community	X Office				Type of Service: Ind X Group						,	
Goal(s) Number:	2. Medication				Objective(s) Number: 1. Self-			administering morning dose				
Present at Session Client Present (If others, please identify name(s) and relationship(s) to client):												
Interventions Provided (Please continue on back if necessary) Met with Mr. Blake in his apartment to review his medication doses. Educated Mr. Blake about each pill, and coached Mr. Blake in making a list of his medications, including writing down the color and shape to aid with identification. Cued Mr. Blake on where to find dosage listings on his medication bottles as Mr. Blake could not initially do so on his own.												
Client Response to the Intervention/ Plan and Next Steps Mr. Blake was frustrated at first when going over his list of meds, stating that he already knew how to do this, although he was unable to make a list on his own at his first attempt. Upon completing his list, Mr. Blake expressed satisfaction and seemed proud to have his list, which he decided to post next to his calendar to make it accessible. Discussed with Mr. Blake that he would review his list with his visiting nurse to show his progress, and that we would plan on discussing strategies for morning reminders at our next visit.												
*Level of Assistance (please circle one) 5 Maximum XX4 Moderate 3 Minimum 2 Standby 1 Independent 0 Unable												
Signature and Credentials of Staff			Date of Signature			Date of Service		Start Time		ime	Total	
Rashida Waters, BH				3							Minutes	

DDaP/AVATAR Program	n Code:										
Location: Community	Office		Х	Тур	Type of Service:		Group	o X			
Goal(s) Number:	3. Social Skills	Objective(s) Number: 1. Soci			ial activities						
Present at Session Client Present (If others, please identify name(s) and relationship(s) to client):											
Interventions Provided (Please continue on back if necessary)	Mr. Blake was 10 minutes late to group and did not greet group members when he arrived. Prompted Mr. Blake to greet others. Led Mr. Blake through a role-play on meeting a new person in a community setting. Provided coaching to Mr. Blake on making small talk about the weather.										
Client Response to the Intervention/ Plan and Next Steps	group members he did so. He needed specific cueing around asking questions to start										
*Level of Assistance (please circle one) 5 Maximum XX4 Moderate 3 Minimum 2 Standby 1 Independent 0 Unable											
Signature and Credentials of Staff		Date of Signature		Date of Se	ervice Start	Time	Stop Time	Total Minutes			
Jerry Hngelica, BH		1/19/11		1/19/11	12:10)	12:45	35			

*Level of Assistance

- **5 MAXIMUM ASSISTANCE Cues Step by step physical gestures, pointing and demonstrations**. **Prompts/Coaching Step by step physical demonstrations with visual and verbal directions** that prompt the participant to perform the skills and/or tasks.
- 4 MODERATE ASSISTANCE Cues Step by step verbal & written directions/hints to help organize thoughts.

Prompts/Coaching – Step by step verbal directions.

- **3 MINIMUM ASSISTANCE Cues Verbal & written hints** related to the task. **Prompts/Coaching Written and/or verbal** directions.
- 2 <u>STANDBY ASSISTANCE</u> Cues <u>Visual demonstrations</u> related to the task. **Prompts/Coaching** <u>Visual and physical</u> <u>directions</u> that prompt the participant to perform the skills and/or tasks.
- 1 INDEPENDENT No physical or cognitive assistance needed to perform activities or tasks.
- 0 UNABLE TO ASSESS OR INDIVIDUAL REFUSES TO BE ASSESSED.

9/30/10 revised format