

ADVANTAGE COMMUNICATIONS

FAMILY LIVING DAILY PROGRESS NOTE

Using **Black ink**, describe activities, progress observed and level of prompts.

N-no opportunity R-Refused H-handover hand V-verbal direction I-Independent

Individual: _____ FLP Name: _____

Date:	Incident:
Dr. Appointments:	Therapy Visits:
(time in) 12:00am-(time out) _____ (time in) _____ -(time out) _____ (time in) _____ - 11:59pm	

Daily Outing/Activities & Significant Events:

Family Living Provider (full signature):

Date:	Incident:
Dr. Appointments:	Therapy Visits:
(time in) 12:00am-(time out) _____ (time in) _____ -(time out) _____ (time in) _____ - 11:59pm	

Daily Outing/Activities & Significant Events:

Family Living Provider (full signature):

Date:	Incident:
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