



Full Life assists individuals with developmental disabilities enabling them to achieve and enjoy a self-determined quality of life.

Weekly Data Collection, Case Notes and Time Sheet (PAB)

Participant Name _____ DSW Name _____ Pay Period from _____ to _____

CASE NOTES:

| Outcome/Approach/Goal | Days and Times | Progress (what happened; what you did - describe the types of prompts and supports you provided; what was the response; what accounts for success, etc.) |
|------------------------------|-----------------------|--|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

Participant Name

DSW Name

| Outcome/Approach/Goal | Days and Times | Progress (progressing, types of prompts and supports you provide, not progressing, what accounts for progress or lack of progress, etc.) |
|------------------------------|-----------------------|---|
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |

Participant Name _____ DSW Name _____

1.

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| #v | | | | | | | | | | | | | | | | | | |
| #p | | | | | | | | | | | | | | | | | | |

Key: + = accomplished task 0 = did not accomplish task

2.

| | | | | | | | | | | | | | | | | | | |
|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Date | | | | | | | | | | | | | | | | | | |
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| #v | | | | | | | | | | | | | | | | | | |
| #p | | | | | | | | | | | | | | | | | | |

Key: + = accomplished task 0 = did not accomplish task

3.

| | | | | | | | | | | | | | | | | | | |
|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Date | | | | | | | | | | | | | | | | | | |
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| #v | | | | | | | | | | | | | | | | | | |
| #p | | | | | | | | | | | | | | | | | | |

Key: + = accomplished task 0 = did not accomplish task

NOTES:

NOTES:

Physical and Mental Health

Personal Care, Community Access, Safety Supervision

Significant events that had an impact on progress

