



<b>WEEK 2 SERVICE DATE</b>	<b>Please list Valued Outcomes from Residential Habilitation Plan</b>	<b>Activities</b>	<b>Response Codes</b> <i>*Please refer to response codes below*</i>			<b>Service began, ended, or delivered in home?</b>	<b>*Provider Initial &amp; Date*</b>
<b>Friday</b> <b>Group</b> 2 3 4			1.	2.	3.	<input type="checkbox"/> <b>Yes</b>  <input type="checkbox"/> <b>No</b>	
<b>Saturday</b> <b>Group</b> 2 3 4			1.	2.	3.	<input type="checkbox"/> <b>Yes</b>  <input type="checkbox"/> <b>No</b>	
<b>Sunday</b> <b>Group</b> 2 3 4			1.	2.	3.	<input type="checkbox"/> <b>Yes</b>  <input type="checkbox"/> <b>No</b>	
<b>Monday</b> <b>Group</b> 2 3 4			1.	2.	3.	<input type="checkbox"/> <b>Yes</b>  <input type="checkbox"/> <b>No</b>	
<b>Tuesday</b> <b>Group</b> 2 3 4			1.	2.	3.	<input type="checkbox"/> <b>Yes</b>  <input type="checkbox"/> <b>No</b>	
<b>Wednesday</b> <b>Group</b> 2 3 4			1.	2.	3.	<input type="checkbox"/> <b>Yes</b>  <input type="checkbox"/> <b>No</b>	
<b>Thursday</b> <b>Group</b> 2 3 4			1.	2.	3.	<input type="checkbox"/> <b>Yes</b>  <input type="checkbox"/> <b>No</b>	

\*\*\*\*\* **Consumer Response Codes**\*\*\*\*\*  
**1. Method Codes:** {Consumer Initiated = C/I} {Provider Initiated = P/I} {Planned = P} **2. Materials Code:** {Verbal Prompts = V/P}  
 {Physical Prompt = P/P} {Modeled = M} {Physical Assist = P/A} {No Prompts Needed = NPN} **3. Consumer Responses:** {Completed = C} {Incomplete = I} {Non Compliant = N/C}

<b>Consumer/ Advocate/ Guardian Signature:</b>	<b>Date</b>
<b>Residential Service Provider Signature:</b>	<b>Initials</b> <b>Date</b>
<b>Residential Habilitation Supervisor Signature:</b>	<b>Date</b>

