**Handout #6 Daily Entry-Mobile**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | **Date:** |  | **Start Time:** |  | **End Time:** |  |

|  |  |  |
| --- | --- | --- |
| **Type of Contact:** | Individual | Group |

|  |  |  |
| --- | --- | --- |
| **Location of Service:** | Facility | Community:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| **Recovery Interventions** |  | |
| Developing a relationship and trust | Developing new skills | |
| Determining individual readiness for rehabilitation | Supporting and practicing existing skills | |
| Completing mutual assessment of needs | Overcoming barriers to using skills | |
| Goal setting | Identifying or modifying an individual’s resources | |
| Prioritizing needed and preferred skills and supports | Other: |  |
| Planning for resource development |  | |

**Summary of Contact**

|  |  |  |  |
| --- | --- | --- | --- |
| **Goal #:** |  | **Objective:** |  |
| **Describe the services provided as related to the individual’s goal and objective** | | | |
| **Describe the individual’s response (progress, response to intervention)** | | | |
| **Describe next steps** | | | |
| **Individual comments** (optional) | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff Name:** |  | **Staff Signature:** |  | **Date:** |  |

***Was this daily entry completed collaboratively between the practitioner and the individual?*** **YES NO**

|  |  |  |  |
| --- | --- | --- | --- |
| **Individual’s Signature:** |  | **Date:** |  |