

Individual's Name: _____ Year: _____

Instructions: Activities to include, but not limited to, all leisure & recreation, hobbies, parties, shopping, restaurants, and family contacts (phone calls, visits, cards & other mail). If related to current IP goal or service, indicate letter/number(s): _____

Codes:

Decision Making:

- O = independent/requested activity
- M = picked from list of options
- X = staff decision

Location:

- C = community setting
- L = other Ardmore or agency site
- H = individual's own home

Community Presence:

- I = integrated (opportunity to interact w/nondisabled persons)
- S = activity included only persons w/disabilities (and staff)
- F = family visit or contact

DATE [Mo/Day]	Decision Making	Location	Community Presence	ACTIVITY also note if New (N) or Familiar/Recurring (R)	WHERE <i>[be specific, i.e., name of restaurant, bowling alley, store, etc.]</i>	INDIVIDUAL'S RESPONSE TO ACTIVITY <i>[i.e., level of interaction with others, whether s/he wanted to leave early...come back again, expressed interest other ways, etc.]</i>	STAFF INITIALS
	O M X	C L H	I S F				

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DATE [Mo/Day]	Decision Making O-M-X	Location C-L-H	Community Presence I-S-F	ACTIVITY also note if New (N) or Familiar/Recurring (R)		WHERE <i>[be specific, i.e., name of restaurant, bowling alley, store, etc.]</i>	INDIVIDUAL'S RESPONSE TO ACTIVITY <i>[i.e., level of interaction with others, whether s/he wanted to leave early...come back again, expressed interest other ways, etc.]</i>	STAFF INITIALS

Administrative Review (signature & date):

