

Shift Summary

Client Name		Client ID	
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Effective Date		Author	
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Shift Overview

Did individual sleep during the shift? Yes No Not Applicable

Comments

Community activities Yes No

If yes, please comment

Family/Visitor involvement during shift Yes No

If yes, please comment

Medical issues Yes No

If yes, please comment

Shift Summary

Behavior issues Yes No

If yes, please comment

Shift Note

Indicate what occurred during the shift, include any other information not noted above

Program Name			
Signature		Date	
Printed Name & Credentials			

Co-Signature		Date	
Printed Name & Credentials			