

Time In: _____
Time Out: _____
of units utilized: _____

FUNCTIONAL PROTOCOL

DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
Therapeutic Services

CONTACT NOTE

Name of Person Supported: _____

Date of Contact: _____ **Discipline:** _____

Goal(s)/interventions addressed during visit, (including any training): *List all support goals and action steps addressed at the visit per description the ISP.*

Objective measurement of individual response to intervention and status in relation to goals addressed: *Document data collected, for the specific goals addressed at this visit, by support staff. Contact notes should reflect progress or lack of progress the person is making towards Plan of Care goals.*

Updated status of any equipment procurement: *List any equipment needed. This section may include any equipment that is observed to be missing or broken. Include contact with the specific therapist when equipment is missing or with staff on other equipment that is missing or broken. Document specifics regarding follow-up on pending equipment, etc.*

Additional information to consider: *If problems/barriers are identified and addressed in a contact note, the resolution or continued efforts to address the issues should be noted in subsequent notes. Don't leave issues "hanging" or unresolved.*

Service Provider's Signature/Credentials: _____ **Date:** _____
Printed Name
Signature

Signature of Staff, Family, and/or Person Supported: _____ **Date:** _____