

AWC Service Note for: _____ Staff Name: _____

Service Name: _____	OUTCOME STATEMENT, GOALS, and ACTION PLAN:

Date	Start /End Time	Description of Activities	Location
Sun	: to :		
	: to :		
/ /			

Date	Start /End Time	Description of Activities	Location
Mon	: to :		
	: to :		
/ /			

Date	Start /End Time	Description of Activities	Location
Tues	: to :		
	: to :		
/ /			

Date	Start /End Time	Description of Activities	Location
Wed	: to :		
	: to :		
/ /			

Date	Start /End Time	Description of Activities	Location
Thurs	: to :		
	: to :		
/ /			



Achieve with us.

AWC Service Note for: _____ Staff Name: _____

Date	Start /End Time	Description of Activities	Location
Fri	: to :		
	: to :		
/ /			

Date	Start /End Time	Description of Activities	Location
Sat	: to :		
	: to :		
/ /			

Staff Signature: _____

Instructions: This service note form must be filled out every time you provide services to a client. Remember you must follow the Individualized Service Plan (ISP) Outcomes and Action plan. Please remember to write in the date and the times working on the goals and activities. Please print the name of the client and your name on the front and sign your name on the back. It is not expected that you will be working on all of the Outcomes and Action Plan at the same time. One copy should be given to the Managing Employer to be used for completing the monthly progress notes and one copy should accompany the time sheets submitted to the AWC Program.

When writing the DESCRIPTION OF ACTIVITIES, please remember that these are the activities that the client is doing and should explain how you are supporting the client to work on the Outcomes and Action Plan as described in his/her ISP. When describing the activities use the words that describe the outcomes/actions from the client's viewpoint. For example, please write "the client needed assistance washing parts of his body as he showered" NOT "I gave him a shower"; or please write "The client needed 4 prompts to move his laundry from the washer to the dryer" not "I did the laundry." For Respite and Companion Services most of the time it will be described as "assuring the health and safety of the client" while the main caregiver is receiving relief from the main caregiving duties.

A word bank is below to help you write the notes.

WORD BANK:

Required words to describe your service:

Independent, Verbal Prompts, needed assistance

The LOCATION is where the services took place such as at home, at the mall, at a restaurant, at a volunteer job, etc. If there is more than one location, please include them all.

These Service Notes must be completed and included with your timesheets or payment may be delayed.



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