



Home and Community-based Services and Texas Home Living Services
In-Home Individualized Skills and Socialization Service Delivery Log

| | | |
|--------------------------------------|---------------------|----------|
| Individual Name <i>(First, Last)</i> | Place of Service(s) | Staff ID |
|--------------------------------------|---------------------|----------|

| Monday (In-Home) | | Tuesday (In-Home) | | Wednesday (In-Home) | | Thursday (In-Home) | | Friday (In-Home) | |
|--------------------------|----------|--------------------------|----------|--------------------------|----------|--------------------------|----------|--------------------------|----------|
| Time In | Time Out | Time In | Time Out | Time In | Time Out | Time In | Time Out | Time In | Time Out |
| Name of Service Provider | | Name of Service Provider | | Name of Service Provider | | Name of Service Provider | | Name of Service Provider | |
| Signature | | Signature | | Signature | | Signature | | Signature | |
| Time In | Time Out | Time In | Time Out | Time In | Time Out | Time In | Time Out | Time In | Time Out |
| Name of Service Provider | | Name of Service Provider | | Name of Service Provider | | Name of Service Provider | | Name of Service Provider | |
| Signature | | Signature | | Signature | | Signature | | Signature | |

Initial all areas in which you assisted the person:

| Socialization Skills | Monday | Tuesday | Wednesday | Thursday | Friday |
|----------------------------------|--------|---------|-----------|----------|--------|
| Communication | | | | | |
| Socialization Skills Development | | | | | |

| Self-Help Skills | Monday | Tuesday | Wednesday | Thursday | Friday |
|----------------------------|--------|---------|-----------|----------|--------|
| Personal Hygiene | | | | | |
| Eating | | | | | |
| Meal Preparation | | | | | |
| Cleaning | | | | | |
| Assistance with Medication | | | | | |

| Adaptive Skills | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------------------------|--------|---------|-----------|----------|--------|
| Ambulation and Mobility | | | | | |
| Reinforce Skills or Lessons | | | | | |

| Implementation Plan Skill Development | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------------------------------|--------|---------|-----------|----------|--------|
| Other: | | | | | |
| Other: | | | | | |

| Date | Staff Initials | Special Events or Occurrences <i>(Optional)</i> |
|------|----------------|---|
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