

Self-Directed Employee Service Documentation Log

Employee Name:		Payroll Period From:		To:	
Individual Name:		DDD ID Number:		Plan Number:	
Outcome Description:					
Service Strategies (check at least one; and check all that apply):					
Assistance with Activities of Daily Living (such as getting dressed, eating, personal hygiene, etc.)					
Assistance with Increasing Community Participation (such as daily errands, attending events, restaurant, purchasing items, travel training, etc.)					
Assistance with Increasing Independence (such as helping the individual learn to do laundry, cook, clean, dress, grocery shop, pay for items, etc.)					
Assistance with On-The-Job Support (such as safety awareness, using the restroom, attending to task, lunch/breaks, etc.)					
Assistance with Learning Activities (such as basic tutoring – math, reading, writing; support in attending a class; etc.)					
Date	Start Time (AM/PM)	End Time (AM/PM)	Tell us about the day, and how the activities will help the individual reach the above outcome		

Employee Signature: _____ Date: _____

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