

Supports Broker Activities Log

Individual Name: _____ DDD ID #: _____ Supports Broker Name: _____

Supports Broker Type: ☐ Independent ☐ Agency Agency Name (if applicable): _____

Date: _____ Start Time: _____ ☐ AM ☐ PM End Time: _____ ☐ AM ☐ PM # of Units: _____ SB Agreement Established: ☐ Yes ☐ No ISP Outcome: _____ Strategy #: _____ Strategy: _____	
Actions to Address Strategy ♦:	Progress Toward ISP Outcome ♦ ♦:
Date: _____ Start Time: _____ ☐ AM ☐ PM End Time: _____ ☐ AM ☐ PM # of Units: _____ SB Agreement Established: ☐ Yes ☐ No ISP Outcome: _____ Strategy #: _____ Strategy: _____	
Actions to Address Strategy ♦:	Progress Toward ISP Outcome ♦ ♦:

♦ Explain specific assistance provided and how you guided, educated, or supported the person while working on the strategy.

♦ ♦ Explain how this service helped the person make progress toward the ISP Outcome.

By signing, I attest that the information above is accurate and the Supports Broker Agreement is attached.

Individual or Guardian Signature: _____ Date: _____

Supports Broker Signature: _____ Date: _____