

Shift Note

Date _____

Shift _____

Resident _____

I felt safe - Yes/No

If no, why not?

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Staff interacted with me – Yes/No

I felt included – Yes/No

We followed a schedule – Yes/No

I was listened to – Yes/No

I acted as a leader – Yes/No

I was given choices – Yes/No

My basic needs were met (food, clean laundry, adequate time and supplies to complete hygiene tasks) – Yes/No

I earned allowance for completing daily living activities – Yes/No

I was able to have a call or visit during the scheduled time – Yes/No

Was the visit or call positive or negative?

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Staff observations/Interventions (to be completed by staff each shift) -

Staff initials - _____

