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Form
AM Shift Log
Residential Care and Transition Services

Client name	D.O.B.
Click here to enter text.	enter text
Click here to enter text.	enter text
Click here to enter text.	enter text

Entry date	Click here to enter a date.	Hierarchy	Click here to enter text.
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Instructions
<p>Please note:</p> <p>The information recorded within this Shift Log informs the Benchmark Report, tracking the progress of the young person and the support provided.</p> <ul style="list-style-type: none"> Shift Log AM must be recorded for each child/young person for the period 12 midnight to 12 noon each day; Please ensure that boxes are checked with “yes” or “no” and detail provided in the notes section; Any additional information, including general interactions should be recorded in the Additional Comments section; Please ensure that the log is saved before closing. Once the Shift Log is complete, please ensure that it is saved and published. <p>For further information, please refer to the relevant Procedure.</p>

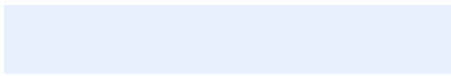
Date of shift	Click here to enter a date.
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Shift Log elements	
Behavioural/emotional issues	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chore plan followed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Daily planner adhered to	<input type="checkbox"/> Yes <input type="checkbox"/> No
Education – has the client attended school/EVSP today	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Exercise plan followed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Incident log completed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medication administered as prescribed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Menu/diet plan followed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal care routine followed	<input type="checkbox"/> Yes <input type="checkbox"/> No
PRN administered	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Goal-based incentive achieved	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wake up routine followed	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional comments
Progress notes
Click here to enter text.

Approval Date	16 May 2022	Implementation Date	17 May 2022	Review Date	01 Jul 2024
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Completion and sign off			
Name of worker	Click here to enter text.		
Signature		Date	Click here to enter a date.