

**Instructions**

1. Align with the consumers outcome
2. Use additional paper if more space is needed
3. Email/scan a clear photo to dailylog@alayhc.com or Fax 201-565-0588

Consumer Name	Employee Name	Service Plan Year
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ISP Outcome: _____**Service Strategies** (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:** _____ **End Time:** _____ **Activity:** _____

Tell us about the day, and how the activities will help the individual reach the above outcome (Who, What, Where, When, Why):

Date: _____ **Start Time:** _____ **End Time:** _____ **Activity:** _____

Tell us about the day, and how the activities will help the individual reach the above outcome (Who, What, Where, When, Why):

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Consumer Signature (Consumer/Guardian Signature Required if EVV Missing)	Date	Employee Signature	Date
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