

Service specific training

Self-administered service

Version: 6/2024

Date:

For:

Prepared by:

1. Medication taken

Medications	Purpose	Possible side effects
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2. Instructions for supporting medications:

3. **Physical needs:** (List any illness, diagnosis, etc. the employee should be aware of)

4. **Dietary concerns or allergies:** (Note item and reaction)

5. **Important health needs:**

6. **Special instructions for eating or swallowing:**

7. **Note age appropriate activities and/or relationships important to the person:** (Age appropriate refers to activities that are similar to what peers at the same age may enjoy.)

8. **Things the person likes:**

9. **Physical limitations and concerns or equipment needs:**

10. **Discuss how the person's preferred recreational and leisure activities can be developed:** (This may be included in the support strategy.)