

Life Sharing Network Semi-Annual Report

It is an expectation that contractors in the Life Sharing Network provide update report to BACI every six months and as requested. This should include updates on progress made towards acquiring goals developed in the yearly planning meeting and general overview of the following areas:

- Personal Health and Safety
- Relationship
- Communication
- Community participation (Leisure, employment, volunteer, education/training)
- Home Life

Individual's Name: _____

Name of Life Sharing Network provider(s): _____

Report prepared by: _____

Date: _____

Reporting Period from: _____ to: _____ Next report due: _____

Individual's typical schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A M							
P M							
E V E							

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Goals developed at the Planning meeting	Who is responsible?	A-Achieved/discontinued B-Achieved/maintained C-Attempted/discontinued D-In progress E-Not attempted

Summary of progress made towards acquiring goals listed above. If goal has been discontinued or not attempted, please explain:

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HEALTH and SAFETY

List all medications that the individual currently takes including PRN.

Medications	Dosage	Times	Uses

List all discontinued medications. Please include reason(s) why.

Medication	Reason

List any relevant appointments that have occurred during this reporting period: Including but not limited to: medical, dental, professional supports, job coach etc

Appointment with (name & title)	Date	Purpose

Describe any follow up action required as a result of the above noted appointments:

Please provide an update on the individual's overall health & well being. This includes nutrition, illness, mental health, injuries, accidents, critical incidents etc

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RELATIONSHIP

Provide details of the individual's interactions with family members, friends, and others (can include your family & friends, people in the community, acquaintances, etc). Who did he he/she spent time with? Who would he/she like to get to know better? Any new relationships/connections
Provide two or more success stories.

1)

2)

COMMUNICATION

Provide detail of how the individual has communicated his/her wants, needs and preferences.
Provide interactions with family members, friends, and others (can include your family & friends, people in the community, acquaintances, etc). Who did he he/she spent time with? Who would he/she like to get to know better? Any new relationships/connections
Provide two or more success stories.

1)

2)

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COMMUNITY PARTICIPATION

Please describe individual's experiences in his/her community participation. Include details of (where, when, what, how, with whom) about work, volunteer, education/training, recreation or other community events/activities.

Provide two or more success stories.

1)

2)

HOMELIFE

Please provide individual's experiences in his/her home life. Include details of participation in all aspects of home life, including but not limited to family/social activities, personal/oral care, contributions to household chores, adaptations/modifications to home for accessibility, recent purchases for bedroom/home

Provide two or more success stories.

1)

2)

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Risk/Concerns or Challenges including when occurring and how addressed

Goals/hopes/dreams/plans to be presented at next planning meeting

Summary of respite used during this reporting period. Please include name of respite provider(s) and dates when respite services were provided.

Name of respite provider	Date respite provided