

# CSDS Activity Report – Help \_\_\_\_\_ Create a Good Life

*Name of the Person served*

Fostering independence and reducing dependence or learned helplessness is a pathway to a meaningful and better quality of life. Doing with and not doing for is one approach. Coaches/Instructors working directly with the person served are required to 1) complete this report after every face to face meeting with the person; and 2) turn it in with every timesheet and attendance.

Date	Coach Name	Hours Worked (i.e. 8AM-1PM)	<input checked="" type="checkbox"/> What did we do? Do not include if the tasks are documented on the Independence Report	Who Decided? Client, staff, or both?  Write C, S, or B.	If client, how did he/she communicate? Verbal, written, picture, other? Write V, W, P, or O