



IPOP: Day Program Safeguard

Profile Information

Individual Name*: _____ Provider/Program Name: _____
Create Date*: _____ Entered By*: _____ Title: _____

Supervision at Day Program

Independent within the program building Arms-length One-on-One supervision Route traveler within the building

Indicate approved route(s) of travel _____

Specialized Instructions Visual range Special checks

Specify frequency (explain) _____

Supervision and assistance required for use of restrooms (note reason for supervision) explain

Supervision on Day Program Community Outings

Independent during community outing Arms-length One-on-One supervision Route traveler during community outing

Indicate approved route(s) of travel _____

Specialized Instructions Visual range Special checks

Specify frequency (explain) _____

Supervision and assistance required for use of restrooms (note reason for supervision) explain

Adaptive Equipment at Day Program

Adaptive/Special equipment required at day program _____

Assistance needed for use of adaptive/special equipment _____

Emergency Evacuation from Building

Recognizes Alarm? Yes No

SIGNATURE.....**NAME**.....**DATE**.....**TIME**.....am/pm

Note:- Required fields are marked with an asterisk (*)

Comments _____

Special assistance needed _____

Behavioral Concerns _____

Other Safeguards and/or Important Information

Other Information (ie: diet issues, special monitoring, etc.) _____

SIGNATURE.....NAME.....DATE.....TIME.....am/pm
Note:- Required fields are marked with an asterisk (*)