Month:	January	2015
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Resident:	Intake Date:	Date of Birth:	Room:
Starting: Step Week		Key worker:	

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1	28	30	31	1	2	3	4
Week 2	5	6	7	8	9	10	11
WEEK 2	3	U	/	0	9	10	11
Week 3	12	13	14	15	16	17	18
TV GOIL D		10				2.	10
Week 4	19	20	21	22	23	24	25
	26	25	20	20	20	21	1
	26	27	28	29	30	31	1

***** SC's / IR's /RESTRICTIONS / ALERTS *****								

## **CURFEW**

✓ if on time

L/C=Late Curfew; O/N=Over Night; A=Approved; UA=Unapproved (list time returned when youth returns late)

Week	Monday Tuesday		Wednesday	Thursday	Friday	Saturday	Sunday	
28 - 4								
5 - 11								
12 -18								
19 - 25								
26 - 1								

## WEEKLY PROGRAM REQUIREMENTS

WEEK	Apartment Clean-up	Program Fees	Common Area Task	Curfew	Lifeskills	Community Dinner/House Meeting	Key Worker Meeting	Sign-in / Sign- out	Follow Case Plan	Other – Behaviour	Achieved (Yes / No)	STEP	WEEK	Entered in ETO
28 - 4														
5 - 11														
12 -18														
19 - 25														
26 - 1														

P=Pass NP=Not Pass W=Waived

**REQUIREMENT NOTES:** (please include log date of any incidents)