

Home Without Staff on Site Plan

Name: _____

Date: _____

May be home alone (Implement training plans if person so desires): Yes No

Duration: _____

Is supervision check necessary? Yes No

Method of supervision check: _____

Frequency of check: _____

Documentation of supervision check: _____

Ground Rules:

1. _____
2. _____
3. _____
4. _____

Signature

Print Name

Witness

Print Name

Date: _____