

Community Participation Record

Client: _____ Month: _____ Caregiver/Staff: _____

Date:	____/____/____		____/____/____		____/____/____		____/____/____		____/____/____	
Location	Length	Rating	Length	Rating	Length	Rating	Length	Rating	Length	Rating
		0 1 2 3		0 1 2 3		0 1 2 3		0 1 2 3		0 1 2 3
		0 1 2 3		0 1 2 3		0 1 2 3		0 1 2 3		0 1 2 3
		0 1 2 3		0 1 2 3		0 1 2 3		0 1 2 3		0 1 2 3
		0 1 2 3		0 1 2 3		0 1 2 3		0 1 2 3		0 1 2 3
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		0 1 2 3		0 1 2 3		0 1 2 3		0 1 2 3		0 1 2 3
		0 1 2 3		0 1 2 3		0 1 2 3		0 1 2 3		0 1 2 3
		0 1 2 3		0 1 2 3		0 1 2 3		0 1 2 3		0 1 2 3
		0 1 2 3		0 1 2 3		0 1 2 3		0 1 2 3		0 1 2 3
		0 1 2 3		0 1 2 3		0 1 2 3		0 1 2 3		0 1 2 3
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		0 1 2 3		0 1 2 3		0 1 2 3		0 1 2 3		0 1 2 3
		0 1 2 3		0 1 2 3		0 1 2 3		0 1 2 3		0 1 2 3
		0 1 2 3		0 1 2 3		0 1 2 3		0 1 2 3		0 1 2 3
		0 1 2 3		0 1 2 3		0 1 2 3		0 1 2 3		0 1 2 3

0 = Refused, 1 = Failed to participate in activity/engaged in serious problem behavior, 2 = Participated partially/engaged in minor problem behavior, 3 = Participated fully with no problem behavior; Length = number of minutes present