

Observational Statement from Outreach/Shelter Worker

Name of client: _____

Date of client arrival: _____ Date of client departure: _____

Name of worker: _____

Position: _____ How long have you known the client? _____

Name of program: _____

Phone number: _____

Please asterisk your client's current functioning in each area on the following chart:

| | Poor | Less than Adequate | Adequate | Good | Excellent |
|-----------------------------|------|--------------------|----------|------|-----------|
| Concentration | | | | | |
| Persistence | | | | | |
| Cooperation | | | | | |
| Judgment | | | | | |
| Memory | | | | | |
| Hygiene | | | | | |
| Reliability | | | | | |
| Social Interactions | | | | | |
| Interactions with Authority | | | | | |
| Follows simple instructions | | | | | |
| Follows program rules | | | | | |

1. Briefly describe the client _____

2. Briefly describe the client's behavior _____

Please check any of the following adjectives that apply to this client:

- | | | | |
|--------------------------------------|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Calm | <input type="checkbox"/> Well-groomed | <input type="checkbox"/> Disoriented |
| <input type="checkbox"/> Suicidal | <input type="checkbox"/> Sad | <input type="checkbox"/> Anxious | <input type="checkbox"/> Angry |
| <input type="checkbox"/> Agitated | <input type="checkbox"/> Distracted | <input type="checkbox"/> Suspicious of others | <input type="checkbox"/> Grandiose |
| <input type="checkbox"/> Unkempt | <input type="checkbox"/> Focused | <input type="checkbox"/> Motivated | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Sociable | <input type="checkbox"/> Distressed | <input type="checkbox"/> Confident | <input type="checkbox"/> Confused |
| <input type="checkbox"/> Lethargic | <input type="checkbox"/> Fearful | <input type="checkbox"/> Isolated | <input type="checkbox"/> Irritable |

Additional comments: _____

Other contact information: _____

Signature: _____ Date: _____