
















SAMPLE HOMECARE PLAN

Name: Kay Knight					
Homecare Plan: Kay will brush independently 2x/day without any prompting or physical assistance.					
Levels to Meet Plan Goal:		1= Fully Met Goal		2=With Prompting	
		3= With Partial Physical Assistance		4= With Full Assistance	
DAY	TIME	1	2	3	4
Monday	AM				
	PM				
Tuesday	AM				
	PM				
Wednesday	AM				
	PM				
Thursday	AM				
	PM				
Friday	AM				
	PM				
Saturday	AM				
	PM				
Sunday	AM				
	PM				

*Involve the individual/child in the process. Have them use a simple marker to check the appropriate box or have place a fun sticker.

**Add a weekly goal and reward. Example: 4 stickers in Column 1 earns a special movie.