**Manitoba**
**Families**

# Summer Skills Maintenance Daily Journal

Child: _____

Service Provider: _____

Date: _____

| Goal #1: |
| --- |
| Activities: |
| Observations: |
| Goal #2: |
| Activities: |
| Observations: |
| Goal #3: |
| Activities: |
| Observations: |
| Goal #4: |
| Activities: |

| Observations: |
| --- |

| General Comments: |
| --- |

| Plan/Goal for next visit: |
| --- |