

Name:

DOB:

Medicaid ID:

Record #:

LEARNING LOG

Date	What did the person do? (What, where, when, how long, etc.)	Who was there? (Names of staff, friends, others, etc.)	What did you learn about what worked well? What did the person like about the activity? What needs to stay the same?	What did you learn about what didn't work well? What did the person not like about the activity? What needs to be different?

REFER TO PCP MANUAL FOR ADDITIONAL INSTRUCTION