



Virtual DAILY SERVICE PROVIDED SUMMARY

Individuals Name: _____ Staff Name: _____

Date: _____ OWC Program individual attends: DSO/GSE/ISE/IDV/IDN

Program Provided: _____ TIME In: _____ Time Out: _____

Virtual Program	Yes	No	How many individuals involved in this call? •
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• only put the total number of people on call, do not include other individual's names on this form. Please make sure you complete a form for every individual.

BRIEF SUMMARY OF EVENTS/DISCUSSIONS/TASKS COMPLETED : _____

ISSUES/CONCERNS (this can include anything! Issues with connection to electronic devices, background disturbances, lack of involvement, etc.):

GOALS: Met or Not Met