



OKLAHOMA DEPARTMENT OF HUMAN SERVICES

Oklahoma Developmental Disabilities Council

Participant Activity Summary



Participant's name: _____ Date: _____

Time	Activity			Daily summary
7:00 a.m.				
7:30 a.m.				
8:00 a.m.				
8:30 a.m.				
9:00 a.m.				
9:30 a.m.				
10:00 a.m.				
10:30 a.m.				
11:00 a.m.				
11:30 a.m.				
12:00 p.m.				
12:30 p.m.				
1:00 p.m.				
1:30 p.m.				
2:00 p.m.				
2:30 p.m.				
3:00 p.m.				
3:30 p.m.				
4:00 p.m.				
4:30 p.m.				
5:00 p.m.				
5:30 p.m.				

Follow-up needed

I certify that this form accurately reflects work performed.

Staff member's signature Date

Reimbursement has been requested only for activities associated with the project funded by the Oklahoma Developmental Disabilities Council.

Project director signature Date