Client/Family Education/Teaching Flow Sheet

Date	Time	Topic of Instruction	Individual Instructed			Method of Instruction					Level of Understanding				Level of Participation										Refer to Progress Notes	Staff Signature
			C	F	S	D	G	T	V	W	S	N	U	X	1	2	3	4	5	6	7	8	9	10		

NOTE: **The Treatment Team has determined that this client does not have the cognitive ability to understand education opportunities.**

Signature: _____ **Date:** _____

Stamp Plate

Keys for Charting:

Individual Instructed:
C = Client
F = Family
S = Significant Other

Method of Instruction:
D = Demonstration
G = Gestures
T = Tape/Video
V = Verbal
W = Written

Level of Understanding:
S = Satisfactory
N = Needs more instruction
U = Unable to understand
X = Unable to assess

Level of Participation:
1 = Quiet
2 = Actively Participated
3 = Attended; slept
4 = Participated; inapprop
5 = Disruptive
6 = Walked out
7 = Late
8 = Refused
9 = Resistant
10 = Unable to assess

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Instructions:

1) If the Treatment Team has determined that the client doesn't have the cognitive ability to understand educational opportunities, sign and date the form. No further documentation is necessary unless this changes.
2) Clients are to be provided information about all treatments/interactions. The client may also be provided additional instructions when indicated.
3) Complete each section of the form. Use the keys provided and place a ✓ in the appropriate blocks. If additions/comments are needed, place a ✓ in the space provided and document in the Progress Notes (CSH-150).
4) Enter legible signatures (no initials) and title.
5) File completed sheets in the client's medical record.

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