

**State of Vermont  
Division of Disability and Aging Services  
TBI Program**

**ACTIVITIES SCHEDULE CLIENT / LIFE SKILLS AIDE**

CLIENT NAME: \_\_\_\_\_ I.D. # \_\_\_\_\_  
 CAREGIVER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ AGENCY: \_\_\_\_\_  
 WEEK: FROM \_\_\_\_\_ TO \_\_\_\_\_ LSA = Life skills Aide

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
LSA: a.m.	LSA: a.m.	LSA: a.m.	LSA: a.m.	LSA: a.m.	LSA: a.m.	LSA: a.m.
LSA: p.m.	LSA: p.m.	LSA: p.m.	LSA: p.m.	LSA: p.m.	LSA: p.m.	LSA: p.m.
<b>TOTAL HOURS:</b>	<b>TOTAL HOURS:</b>	<b>TOTAL HOURS:</b>	<b>TOTAL HOURS:</b>	<b>TOTAL HOURS:</b>	<b>TOTAL HOURS:</b>	<b>TOTAL HOURS:</b>

**LSA TOTAL HOURS FOR WEEK: \_\_\_\_\_**