St. Clair County Community Mental Health

Residential Outing Log

Name of Individual: _____

Name of Home: _____

Month/Year: _____

Date offered	Outing offered – specifically connected to persons interests/stated goals /desires	Declined or accepted activity	Areas of concern and any target behaviors in IPOS that are exhibited	Person completing data sheet	Additional Notes	Initial of participant

Clinical Form: #03-0352
Revised Date: 10/16/2026
Policy Ref: # 04-002-0090, #04-002-0095
EHR: Other Service Documents, Notes: Residential Outing Log

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