

Illinois Department of Human Services  
Division of Developmental Disabilities  
**Record of Review Contacts**

Agency Name: \_\_\_\_\_

Dates of Review: \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

ID Code*	Last Name	First Name	Which Program	Record Review	Interview or face-to-face meeting Date/Initials	Medication Admin	Other Contact (describe)	Staff	Adult Participant	Child Participant	Guardian	Other

\*Assign codes as follows:

E + number (beginning with #1) for employees

W + number (beginning with #1) for persons receiving services who are in the wavier sample (pre-selected)

A + number (beginning with #1) for persons receiving services who are in the add-on sample (selected upon arrival at the agency) G

+ number (beginning with #1) for guardians

X + number (beginning with #1) for others