# Shift change report

One report per house, per shift change. Say how each person is, what is new, what is coming up, what needs doing and what to watch for; the incoming DSP says it back; both sign. Your organization fills in its required items (section 11), health items (section 3), safety checks (section 8) and counts (section 9) before staff use this form.

## 1. About this handoff

*Where, when and who: the program or house, the date with the year, the shift that is ending and the one starting (AM or PM), the outgoing and incoming staff, and how you handed off.*

| | |
|---|---|
| **Program or house** | |
| **Date (month, day and year)** | |
| **Shift ending and shift starting (AM or PM)** | |
| **Outgoing staff (name and title)** | |
| **Incoming staff (name and title)** | |
| **How you handed off (in person, by phone or another way your organization uses)** | |

**Where this comes from:** AHRQ PSNet, Handoffs; ICI Frontline Initiative, 2004. AHRQ's primer says the Joint Commission wants hand-off communication delivered "face-to-face whenever possible"; ICI: "Be sure to include AM or PM." The prompts are ours.

## 2. How each person is

*One line for each person supported: how they are today, what they said or did, what they enjoyed, and what is important to them tonight. Use their words and what you saw, not labels.*

| Person (name or ID, as your policy says) | How they are today (their words, what you saw) | What helped or what they enjoyed | What matters to them for tonight |
|---|---|---|---|
| | | | |
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**Where this comes from:** NADSP Code of Ethics; ICI Frontline Initiative, 2004; CMS DSW Core Competencies, 2014. The NADSP Code asks DSPs to "Use respectful and inclusive language that reflects each person's preferences"; ICI calls objective documentation "just the facts"; the CMS core competencies have the worker "Builds collaborative, professional relationships with the individual and others on the support team." The columns are ours.

## 3. Health and well-being

*Anything new or not typical for a person today, what you saw or what they told you, and who you told. Your organization adds the health items its plans track.*

| Person | Anything new or not typical (what you saw or what the person told you) | Who you told, and when |
|---|---|---|
| | | |
| | | |
| | | |

| Your organization's health item (written in by your organization) | Today |
|---|---|
| | |
| | |
| | |

**Where this comes from:** CMS DSW Core Competencies, 2014. The CMS core competencies have the worker "closely monitors an individual's physical and emotional health, gathers information about the individual, and communicates observations to guide services." This form gives no medical or medication instructions: write what your organization requires, where it requires it.

## 4. Appointments and plans

*What is coming up for each person in the next few days: appointments, visits, outings, who is going, what to bring, and anything the person asked for.*

| Person | What and when (with AM or PM) | Who is going, and what to bring | What the person asked for or said about it |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

**Where this comes from:** NY Justice Center, Spotlight on Prevention; ICI, Amado, 2004. In a case study about a person who had several falls, New York's Justice Center toolkit describes a nurse who "wrote a note in Mary's communication log for staff to be aware that Mary had an upcoming appointment"; Amado, writing about what staff learn about a person in planning meetings and interviews: "As staff leave and new staff come into a person's life, important information about an individual is lost." That is one state's training case study, not a rule. The columns are ours.

## 5. Incidents

*If anything happened that your incident rule covers, write it on your incident report, record the report number here, and say who was told.*

| | |
|---|---|
| **Any incident this shift?** | ☐ No ☐ Yes: incident report number _____ |
| **Who was told, and when** | |

Write the incident itself on your incident report form. A free one: DSP incident report template.

**Where this comes from:** CMS DSW Core Competencies, 2014. The CMS core competencies have the worker "Reports incidents according to rules." The incident report itself is a separate form; the prompts here are ours.

## 6. To do for the next shift

*The action list: what needs doing, for whom, by when. Write it so the incoming DSP can start without asking.*

| What needs doing | For whom | By when (AM or PM) | Done (initials) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Where this comes from:** AHRQ PSNet, Handoffs. AHRQ's primer describes the "Action list" in the hospital I-PASS tool as "to-do items to be completed by the clinician receiving signout." I-PASS is a hospital tool for clinicians; we borrowed the idea of a short action list. The columns are ours.

## 7. If this happens, then

*Anything to watch for this shift, and what the person's plan says to do. Point to the plan (crisis plan or support plan) and where to find it; do not rewrite it here.*

| Person | What to watch for tonight | What the person's plan says to do, and where the plan is kept |
|---|---|---|
| | | |
| | | |
| | | |

Each person's crisis plan is where the steps live. A free one: Crisis plan template.

**Where this comes from:** AHRQ PSNet, Handoffs; CMS DSW Core Competencies, 2014. AHRQ's primer lists "Situation awareness and contingency plans: directions to follow in case of changes in the patient's status" in I-PASS, a hospital clinician tool; the CMS core competencies have the worker "Recognizes risk and works to prevent an individual's crisis in a way that meets the individual's need." The prompts are ours.

## 8. Household and safety

*Supplies, repairs, the vehicle, meals and anything about the house the next shift should know. Your organization adds the safety checks it requires.*

| | |
|---|---|
| **Household items (supplies, repairs, the vehicle, meals)** | |
| **Anything the next shift should do about them** | |

| Your organization's safety check (written in by your organization) | Done (initials) |
|---|---|
| | |
| | |
| | |

**Where this comes from:** No published source; the prompts are ours. Your organization writes its own safety checks.

## 9. Counts your organization requires

*Blank on purpose. If your organization requires counts at shift change, such as keys or funds, it writes each item here before staff use the form.*

| Item your organization requires (written in by your organization) | Outgoing count | Incoming count | Initials |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

**Where this comes from:** No published source: what must be counted, and how, is your organization's policy. The form leaves every row blank.

## 10. Messages and visitors

*Calls, messages from family or the team, visitors and anything promised to a person that the next shift should keep.*

| | |
|---|---|
| **Message or call, and from whom** | |
| **Visitors expected or who came** | |
| **What was promised to a person** | |

**Where this comes from:** NADSP Code of Ethics; NADSP Competency Areas. The NADSP Code: "Be transparent and honest in all communication." NADSP Competency Area 2: "The competent DSP has knowledge of and uses modes of communication that are appropriate to the communication needs of participants." The prompts are ours.

## 11. Your organization's required items

*Blank on purpose. Your state, your waiver and your agency set what a handoff or shift record must show. Your organization writes those items here before staff use the form.*

| Item your organization requires (written in by your organization) | Entry |
|---|---|
| | |
| | |
| | |
| | |

**Where this comes from:** NADSP Competency Areas. NADSP Competency Area 12: "The Direct Support Professional is aware of the requirements for documentation in his or her organization and is able to manage these requirements efficiently."

## 12. Confirm and sign

*The incoming DSP says back what they heard and asks questions. Then both of you sign, with the date and time. Sign only what you wrote or heard.*

| | |
|---|---|
| **Questions the incoming DSP asked, and the answers** | |
| **Outgoing staff: name, signature, date and time (AM or PM)** | |
| **Incoming staff: name, signature, date and time (AM or PM)** | |
| **Reviewed by (name and title), date, comments (as your policy says)** | |

For what each person did all day, see the free DSP daily notes template.

**Where this comes from:** AHRQ PSNet, Handoffs; ICI Frontline Initiative, 2004. AHRQ's primer lists "Synthesis by receiver: an opportunity for the receiver to ask questions and confirm the plan of care" in I-PASS; ICI: "Always sign what you have written." The prompts are ours.

FOR NEW STAFF AND THE PEOPLE WHO TEACH THEM

# How to write it

Each rule names its source; the example sentences and the worked example are ours.

## Four questions every handoff answers

| | |
|---|---|
| **How is each person?** | How are they today, what did they enjoy, and what matters to them tonight? (NADSP Code of Ethics; ICI Frontline Initiative, 2004) |
| **What changed?** | Is anything new or not typical for them, and who did you tell? (CMS DSW Core Competencies, 2014) |
| **What is next?** | What is coming up, what needs doing, who will do it, and by when? (AHRQ PSNet, Handoffs; NY Justice Center, Spotlight on Prevention) |
| **What if?** | What should the next shift watch for, and where is the plan that says what to do? (AHRQ PSNet, Handoffs; CMS DSW Core Competencies, 2014) |

## Ten handoff rules

1. **Hand off in person when you can, and leave time for questions.** AHRQ's primer says the Joint Commission expects hand-off communication to be delivered "face-to-face whenever possible," and its standard asks for "the opportunity for discussion between the giver and receiver." When you cannot meet, use the way your organization sets, and still leave a way to ask questions. (AHRQ PSNet, Handoffs)
2. **Use the same order every time.** AHRQ: "Guidelines for safe handoffs focus on standardizing the process." The Joint Commission "does not recommend a specific handoff tool", so the order on this form is ours: people, health, plans, incidents, to-do, if-then, house, messages, confirm. (AHRQ PSNet, Handoffs)
3. **Start with the person, not the task list.** Say how each person is and what is important to them tonight before you get to supplies and keys. The NADSP Code asks DSPs to "Apply person-centered practices, collaborating with individuals and their teams to understand what is important to and for them." (NADSP Code of Ethics)
4. **Write what you saw and what they said.** Put the person's words in quotation marks. Describe actions, not labels like "difficult." ICI calls objective documentation "just the facts," and the NADSP Code asks for "respectful and inclusive language that reflects each person's preferences." (ICI Frontline Initiative, 2004; NADSP Code of Ethics)
5. **Say what is new or not typical, and who you told.** A change matters more than a routine evening. The CMS core competencies have the worker communicate observations "to guide services." Record health items the way your organization requires, nothing more. (CMS DSW Core Competencies, 2014)
6. **End with an action list: what, for whom, by when.** AHRQ describes an "Action list" in the hospital I-PASS tool: "to-do items to be completed by the clinician receiving signout." A short list with a name and a time beside each item lets the next shift start without guessing. (AHRQ PSNet, Handoffs)
7. **Add an "if this, then that" for anything to watch.** AHRQ describes "contingency plans" in I-PASS: "directions to follow in case of changes in the patient's status." For a person you support, point to their crisis plan or support plan, and say where it is kept. (AHRQ PSNet, Handoffs; CMS DSW Core Competencies, 2014)
8. **Let the incoming DSP say it back.** AHRQ lists "Synthesis by receiver: an opportunity for the receiver to ask questions and confirm the plan of care." Ask "What will you do first?" and answer what is unclear. (AHRQ PSNet, Handoffs)
9. **Pick a quiet place, and keep private information private.** AHRQ: effective handoffs need "an environment free of interruptions and distractions." The NADSP Code: "Follow the confidentiality policies and guidelines of my employer and the state, taking care to prevent private information from being overheard or seen by others." (AHRQ PSNet, Handoffs; NADSP Code of Ethics)
10. **Do not leave it in your head or your phone.** ICI: "the support provided to the people you support after you leave for the day may depend upon what you have written." Write it on the form your organization uses, and sign it: "Always sign what you have written." (ICI Frontline Initiative, 2004)

## Facts, not labels: six examples

Made up for teaching; the names are invented.

| Topic | Instead of | Write |
|---|---|---|
| **How they are** | *Priya was in a bad mood.* | At 5:15 PM Priya said, "I don't want to go to work tomorrow." She ate dinner in her room and listened to music. At 8:00 PM she came out to watch her show and said, "Better now." |
| **Health** | *Sam is sick.* | At 5:30 PM Sam said, "My stomach hurts." He ate about half his dinner. I told the house manager at 5:45 PM and wrote it on his health sheet. Please check in with him at 9:00 PM. |

| Topic | Instead of | Write |
|---|---|---|
| **Coming up** | *Dentist tomorrow.* | Rosa has a dentist appointment Thursday at 9:00 AM. She needs her insurance card and her glasses, and her sister is meeting her there. Rosa asked to wear her green sweater. |
| **To do** | *Needs groceries.* | The house is out of milk and rice. Jamal is writing the list tonight. Please take him to the store before Wednesday evening; he wants to pick the rice himself. |
| **What helped** | *Ahmed was difficult at bedtime.* | At 9:30 PM Ahmed said, “Too loud.” When I turned the hall light down and the TV off, he went to his room on his own. That worked last night too. |
| **Household** | *House is fine.* | The van’s low-fuel light came on at 6:00 PM. I wrote it on the van sheet and told the house manager. Please fill the tank before Friday’s outing. |

## A worked example: evening to overnight

Made up for teaching: an evening-to-overnight handoff at a group home. The people supported and the staff are invented. Sections 9, 11 and the reviewer’s line are your organization’s, so they are not shown.

| § | Field | Entry |
|---|---|---|
| 1 | **Program, date, shifts** | Maple Street home. Tuesday, March 2, 2027. Evening shift (3:00 PM to 11:00 PM) to overnight shift (11:00 PM to 7:00 AM). |
| 1 | **Staff and how** | Outgoing: J. Okafor, DSP. Incoming: A. Reyes, DSP. In person, in the office with the door closed, 10:50 PM. |
| 2 | **Luis** | Went to the store and found 6 of 8 items on his picture list. Said, “Tacos were good.” Watching the basketball game in the living room; likes to stay up for the end of it. Tonight: he wants his lamp on. |
| 2 | **Keisha** | Painted at the kitchen table from 6:00 to 7:15 PM and showed me her picture. Said, “I’m tired,” and went to her room at 9:30 PM. Tonight: her door stays open a little. |
| 2 | **Tom** | Stayed in and listened to his radio. Tonight: he likes a visit to say good night. |
| 3 | **Tom** | Said at 6:15 PM, “My tooth hurts,” and ate about half his dinner. I told the house manager at 6:30 PM and wrote it on his health sheet. |
| 3 | **Luis, Keisha** | Nothing new or not typical. |
| 4 | **Tom** | Dentist Friday at 9:00 AM. Needs his insurance card (in the office folder). The house manager is driving. |
| 4 | **Keisha** | Library trip Thursday afternoon; she asked to bring her painting to show the librarian. |
| 5 | **Incidents** | None this shift. |
| 6 | **To do** | Check in with Tom at 11:30 PM and again at 7:00 AM (A. Reyes). Put Luis’s grocery receipt in the money folder (A. Reyes, by 7:00 AM). |
| 7 | **If this, then** | If Tom says his tooth hurts more, tell the on-call manager as Tom’s support plan says (plan in the office binder; on-call list on the office door). |
| 8 | **Household** | Out of milk. The van needs fuel before Friday (told the house manager). |
| 10 | **Messages** | Luis’s sister called at 7:30 PM and is coming Sunday afternoon. I told Luis. The house manager asked for the schedule to be posted by Thursday. |
| 12 | **Confirm and sign** | A. Reyes said back: Tom check-ins at 11:30 PM and 7:00 AM, dentist Friday, tell the on-call manager if the pain increases. No other questions. Signed J. Okafor and A. Reyes, March 2, 2027, 10:55 PM. |

## Before you hand off: a ten-point check

☐ The date has the year, and the shift times have AM or PM.
☐ Every person supported has a line, in their words or what you saw.
☐ Anything new or not typical is written, with who you told.
☐ Appointments and plans that are coming up have a time and who is going.
☐ Any incident has its report number.
☐ The to-do list has a name and a time beside each item.
☐ Anything to watch for points to the person’s plan.
☐ Your organization’s counts and safety checks are done.

☐ The incoming DSP said it back and asked their questions.

☐ You both signed, and no private information was left where others could see it.

The wording is ours, built on the sources named in the rules.

## For training leads: set it up and teach it in five steps

1. **Fill in your required items first.** Open your state's rules for each service you provide, your waiver documents and your agency's policy. Write the items a handoff or shift record must show into section 11, the health items your plans track into section 3, the safety checks into section 8, and any counts into section 9, in the Word form or on a printed master copy. We leave them blank on purpose: they differ by state, by waiver, by service and by house. Then save it as your agency's master copy.
2. **Add the people supported.** In the master copy for each house, type each person's name or ID (as your policy says) into section 2 and, as many rows as the house needs, into sections 3, 4 and 7 (add rows in the Word form), so staff never have to write the same names every shift. Print a fresh copy for each shift, or save a new file with the date.
3. **Teach the four questions and the ten rules with the example pairs.** Read each "instead of" line aloud and have staff rewrite it as facts before you show the "write" line.
4. **Practice with the worked example.** Pair staff up. One plays the outgoing DSP and gives the handoff from the worked example; the other writes it down, says it back, and asks one question. Then compare with the example and the ten rules.
5. **Read the reports as a reviewer.** Each week, read a few reports and ask: could the incoming shift tell how each person is, what is coming up, what to do first and what to watch for? Where not, ask the staff what would have helped, and change the master copy.

## Where each section comes from

Read November 15, 2026. The section prompts, the rules' wording, the examples and the worked example are Special Learning's; the quoted lines are as published. None of these organizations has reviewed or endorsed this template. The fillable Word version is at the web address at the foot of each page.


1. **AHRQ PSNet, Handoffs.** Agency for Healthcare Research and Quality (AHRQ), Patient Safety Network (PSNet), Patient Safety Primer: Handoffs and Signouts (2019), as posted at psnet.ahrq.gov. A primer on hospital handoffs between clinicians. https://psnet.ahrq.gov/primer/handoffs
2. **McCarthy et al., 2025.** Sean McCarthy, Aneesa Motala, Emily Lawson and Paul G. Shekelle, "Use of structured handoff protocols for within-hospital unit transitions: a systematic review from Making Healthcare Safer IV," BMJ Quality & Safety, published April 29, 2025. https://pmc.ncbi.nlm.nih.gov/articles/PMC12232517/
3. **NY Justice Center, Spotlight on Prevention.** New York State Justice Center for the Protection of People with Special Needs, Spotlight on Prevention: Could This Happen in Your Program? (a toolkit of case studies for agency staff training, posted June 2025). https://www.justicecenter.ny.gov/system/files/documents/2025/06/sop-cthiyp_linked-sn-1.pdf
4. **CMS DSW Core Competencies, 2014.** Centers for Medicare & Medicaid Services, National Direct Service Workforce Resource Center, Direct Service Workforce Core Competencies, Final Competency Set, December 2014. https://www.medicaid.gov/sites/default/files/2019-12/dsw-core-competencies-final-set-2014.pdf
5. **NADSP Competency Areas.** National Alliance for Direct Support Professionals (NADSP), The NADSP Competency Areas, Area 2: Communication and Area 12: Documentation, as published on nadsp.org. https://nadsp.org/resources/competency-areas/
6. **NADSP Code of Ethics.** National Alliance for Direct Support Professionals (NADSP), The NADSP Code of Ethics (revised 2026), tenets as published on nadsp.org. https://nadsp.org/resources/the-nadsp-code-of-ethics/
7. **ICI Frontline Initiative, 2004.** Traci LaLiberte, "Doing Documentation 'Write!'," Frontline Initiative, Volume 5, Number 4 (2004), Institute on Community Integration, University of Minnesota. https://publications.ici.umn.edu/frontline-initiative/5-4/doing-documentation-write
8. **ICI, Amado, 2004.** Angela Novak Amado, "Is it Paperwork? Or, is it the person?," Frontline Initiative, Volume 5, Number 4 (2004), Institute on Community Integration, University of Minnesota. https://publications.ici.umn.edu/frontline-initiative/5-4/is-it-paperwork-or-is-it-the-person


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