**Short-term care plan** Identification label

|  |  |
| --- | --- |
| **Start date:** | Resident care need: |
| Goal: | Intervention:  | Evaluation: *Did it work?* |
| Goal: | Intervention: | **Date:** |
| Goal: | Intervention: |  |
| Goal: | Intervention: |  |
| Goal: | Intervention: |  |