

**MONTHLY ACTIVITIES/TRACKING CALENDAR**

<b>SUNDAY</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>

Person's Name: \_\_\_\_\_

Month and Year: \_\_\_\_\_

Community Support: \_\_\_\_\_

**Green Mountain Support Services  
Monthly Note**

**Client Name:** \_\_\_\_\_ **Month and Year:** \_\_\_\_\_

**(circle one): Residential Services      Day Program Services**

**1) Brief Summary of Home Activities/Concerns/Information (for home providers)**

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**2) Brief Summary of Day Services Activities/Concerns/Information (for day service staff)**

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**3) Medical Status/Concerns/Progress:**

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**4) Any Other Information/Concerns/Progress To Report At This Time:**

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**Signature of Person Completing Form:** \_\_\_\_\_

**Date:** \_\_\_\_\_