A picture containing vector graphics

Description automatically generated

**PROGRESS REPORT AND RECOMMENDATIONS**

|  |  |
| --- | --- |
| Name:  Report Completed by (name and title): **Fahad Abdalla, Program Coordinator** | Date of Progress Report:  Type of Progress Report (i.e. annual):  Date of Review Meeting (if applicable): |
| To:  Person Served  Legal Representative  Case Manager  Other: | |
| Summary of Service Outcome and Support Progress | |
| The license holder must provide services in response to the person’s identified needs, interests, preferences, and desired outcomes. Services will be provided according to MN Statutes, chapter 245D and the applicable waiver plan for the person served. The following information will be assessed and determined by the person served and/or legal representative and case manager and other members of the support team. | |
| Before each meeting, the Program Coordinator and/or Director will have a conversation with the person served to review the outcomes that were worked on for the last review period and the progress that the person served made.  Date this meeting took place:    Summary of what was discussed:  Summary of what the person served would like to work on for the next review period:  How does this relate to the person served interests, long-term goals, lifestyle change, or any other potential accomplishments the person would like to achieve? | |
| **PERSON-CENTERED OUTCOMES** | |
| **Outcome #1:**  **Date of development (does not change):**  **Projected start date for implementation:** | |
| Outcome statement with measurable and observable criteria for outcome achievement: | |
| Methods or actions that will be used to support the person and to accomplish the outcome: | |
| Changes or modifications necessary to the physical and social environments: | |
| Equipment and/or materials required: | |
| Techniques that are used that are consistent with the person’s communication mode: | |
| Techniques that are used that are consistent with the person’s learning style: | |
| Data collection method:  Data will be collected in shift summaries and submitted to the main office on a bi-weekly basis. | |
| Persons responsible for implementing the supports and methods:  Client , ILS Staff, Program Coordinator, Program Director, Founder/CEO | |
| DATA COLLECTION KEY | |
| \*Summarize Performance toward Outcome using documentation from daily log and make recommendations using the following key. Be sure to include the measurement criteria in the summary to determine if progress has been made on the goal. | |
| |  |  |  |  | | --- | --- | --- | --- | | Month & Year | Percentage | A= Accomplished  MP= Made Progress  LP= Little Progress  NP =No Progress | Comments | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | |
| Summary of progress toward achieving this outcome:  Recommendation for outcome:  Continue unchanged  Continue with modifications  Discontinue  Rationale for the recommendation:  If changes were made to the outcome during the meeting, state here how the outcome will look for the next review period:  If changes were made to the outcome, state the projected state date for implementation:  Date by which progress towards accomplishing the outcome will be reviewed and evaluated: | |

|  |
| --- |
| **Outcome #2:**  **Date of development (does not change):**  **Projected start date for implementation:** |
| Outcome statement with measurable and observable criteria for outcome achievement: |
| Methods or actions that will be used to support the person and to accomplish the outcome: |
| Changes or modifications necessary to the physical and social environments: |
| Equipment and/or materials required: |
| Techniques that are used that are consistent with the person’s communication mode: |
| Techniques that are used that are consistent with the person’s learning style: |
| Data collection method:  Data will be collected in shift summaries and submitted to the main office on a bi-weekly basis. |
| Persons responsible for implementing the supports and methods:  Client , ILS Staff, Program Coordinator, Program Director, Founder/CEO |
| **DATA COLLECTION KEY** |
| \*Summarize Performance toward Outcome using documentation from daily log and make recommendations using the following key. Be sure to include the measurement criteria in the summary to determine if progress has been made on the goal. |
| |  |  |  |  | | --- | --- | --- | --- | | Month & Year | Percentage | A= Accomplished  MP= Made Progress  LP= Little Progress  NP =No Progress | Comments | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
| Summary of progress toward achieving this outcome:  Recommendation for outcome:  Continue unchanged  Continue with modifications  Discontinue  Rationale for the recommendation:  If changes were made to the outcome during the meeting, state here how the outcome will look for the next review period:  If changes were made to the outcome, state the projected state date for implementation:  Date by which progress towards accomplishing the outcome will be reviewed and evaluated: |

A picture containing vector graphics

Description automatically generated

**SIGNATURE PAGE**

**By signing below, I am indicating the completion and approval of *Progress Report and Recommendations*.**

|  |  |
| --- | --- |
| Person served: | Date: |
| Legal representative/guardian: | Date: |
| Case manager: | Date: |
| Licensed provider contact: | Date: |
| Other support team member (name and title): | Date: |
| Other support team member (name and title): | Date: |