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| PROGRESS REPORT AND RECOMMENDATIONS | |
| Name: Daniel Daly  Report Completed by (name and title): | Date of Progress Report: 11/19/2015  Type of Progress Report (i.e. annual): Annual  Date of Review Meeting (if applicable): 11/24/2015 |
| To:  Person Served  Legal Representative  Case Manager  Other: | |
| Summary of Service Outcome and Support Progress | |
| **PERSON CENTERED OUTCOMES** | |
| **Outcome # 1: Social Skills**  **Date of development:**  **Projected start date for implementation:**  **Date by which progress towards accomplishing the outcome will be reviewed and evaluated: 11/24/2015** | |
| Outcome statement with measurable and observable criteria for outcome achievement:  **I would like to work on my social skills. Sometimes when I am in public places I am not always aware of people and things around me. At times I bump into people, budge in line or use my phone and PSP at times that are not appropriate. I do not always say excuse me when I belch or pass gas in public.** | |
| Methods or actions that will be used to support the person and to accomplish the outcome:    **I would like my ILS staff to provide verbal reminders when I display inappropriate social skills and give me the opportunity to correct the behavior and talk about it. I would like to work on this as needed by correcting behavior independently and or discussing with staff my inappropriate behavior 90% of trials through 2/6/2015.** | |
| Changes or modifications necessary to the physical and social environments: None | |
| Equipment and/or materials required: Pen and Shift Summaries. | |
| Techniques that are used that are consistent with the person’s communication mode:  High Quality staff will encourage Daniel to be aware of his surroundings. | |
| Techniques that are used that are consistent with the person’s learning style:  High Quality staff will remind Daniel to be aware of his surroundings so he doesn’t bump into people | |
| Data collection method:  High Quality staff will complete a shift summary. | |
| Names of staff or positions responsible for implementing the supports and methods:  Daniel and High Quality Staff. | |
| **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 | | 2/2014 to 11/2015 | 100% | NP | According to the shifted summaries, Daniel completed 75% of his goal. | | |
| Summary of progress toward achieving this outcome: Daniel is doing great completed his goal.  Recommendation for implementing this outcome:  Continue  Change  Discontinue  Rationale for the recommendation: It is recommended that this goal be continued to maintain staff support for Daniel as he continues to improve in this goal area. | |
| If changes were made to the outcome during the meeting, state here how the outcome will look for the next review period: None | |

**SIGNATURE PAGE**

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

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