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| PROGRESS REPORT AND RECOMMENDATIONS | |
| Name: Lynette Bradley  Report Completed by (name and title): AnnaMarie Martino, Program Coordinator | Date of Progress Report: 12/12/14  Type of Progress Report (i.e. annual): 45 Day Meeting  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 Manager 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: 12/11/14  Summary of what was discussed: Lynette and Program Coordinator discussed Lynette’s IHS goals to begin after her 45 day meeting.  Summary of what the person served would like to work on for the next review period: Lynette would like to work on money management and cooking-related tasks.  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? Lynette would like an apartment of her own in the future. In order to be successful, Lynette expressed a need for support in learning how to budget her finances, cooking, and healthy eating. | |
| **PERSON CENTERED OUTCOMES** | |
| **Outcome #1:** I would like to work on money management. I will do this by discussing financial matters with my IHS staff one day per week for 50% of trials through 12/15/15.  **Date of development:** 12/12/14  **Projected start date for implementation:** 12/16/14  **Date by which progress towards accomplishing the outcome will be reviewed and evaluated:** 12/15/15 | |
| Outcome statement with measurable and observable criteria for outcome achievement:   1. I will meet with my IHS staff when a shift is scheduled, or call in-advance to reschedule. 2. I will discuss ways in which I can save money successfully. 3. I will work on creating a budget with my IHS staff. | |
| Methods or actions that will be used to support the person and to accomplish the outcome: Staff and Lynette will go to a quiet location to meet. Staff will provide guidance with budgeting strategies and assist Lynette in applying such strategies to her own situation. | |
| Changes or modifications necessary to the physical and social environments: Lynette does best in a quieter environment. | |
| Equipment and/or materials required: This outcome will require paper, a pen, and, sometimes, a calculator. | |
| Techniques that are used that are consistent with the person’s communication mode: Lynette responds best when she is given adequate time to speak and to consider what she would like to say. | |
| Techniques that are used that are consistent with the person’s learning style: Lynette seems to do best when there is a more concrete example for her to see. When possible, staff will use diagrams and drawings, in order to help Lynette learn better. | |
| Data collection method: Staff will write a shift summary after each shift with Lynette. This outcome will be tracked as part of the shift summary. | |
| Names of staff or positions responsible for implementing the supports and methods: Lynette’s IHS staff and program coordinator. | |
| **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 | | December ‘14 |  |  | Outcome to begin 12/16/14 | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | |
| Summary of progress toward achieving this outcome:  Recommendation for implementing this outcome:  Continue  Change  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: | |

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| **Outcome #2:** I would like assistance with preparing healthy meals. I would also like to learn how to cook meals safely. I will prepare two meals per month with my IHS staff for 50% of trials through 12/15/15.  **Date of development:** 12/12/14  **Projected start date for implementation:** 12/16/14  **Date by which progress towards accomplishing the outcome will be reviewed and evaluated:** 12/15/15 |
| Outcome statement with measurable and observable criteria for outcome achievement:   1. I will discuss healthy foods with my IHS staff. 2. I will research healthy recipes on the computer. 3. I will select a recipe that I would like to learn to prepare. 4. I will practice making a grocery list for the ingredients I will need. |
| Methods or actions that will be used to support the person and to accomplish the outcome: Staff will assist Lynette in determining healthy choices. Staff will also assist Lynette in finding websites that are specific to healthy eating. Staff will teach Lynette ways to remain safe while cooking. |
| Changes or modifications necessary to the physical and social environments: This outcome will need to occur in Lynette’s home. Lynette will be most successful in achieving this outcome if the home is quiet and Lynette is not disturbed while with her IHS staff. |
| Equipment and/or materials required: This outcome will require a computer, paper, a pen, cooking utensils, kitchen appliances, and food to create meals. |
| Techniques that are used that are consistent with the person’s communication mode: Lynette responds best when she is given adequate time to speak and to consider what she would like to say. |
| Techniques that are used that are consistent with the person’s learning style: Lynette understands best when she is able to see what is being discussed, as it is being discussed. Staff will help Lynette read the recipes and understand them. |
| Data collection method: Staff will complete a shift summary following each shift. The outcome will be tracked as part of the shift summary. |
| Names of staff or positions responsible for implementing the supports and methods: Lynette’s IHS staff and program coordinator are responsible for providing support. |
| **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 | | December ‘14 |  |  | This outcome will begin 12/16/14 | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
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| **Outcome #3:** I would like to learn how to ride Metro Transit. I will do this by discussing bus routes with my IHS staff. I will also practice taking these routes with my IHS staff 2 times per month through 12/15/15.  **Date of development:** 12/12/14  **Projected start date for implementation:** 12/16/14  **Date by which progress towards accomplishing the outcome will be reviewed and evaluated:** 12/15/15 |
| Outcome statement with measurable and observable criteria for outcome achievement:   1. I will meet with my IHS staff as scheduled. 2. I will have a destination in mind to travel to on the bus. 3. I will look up bus routes on the computer. |
| Methods or actions that will be used to support the person and to accomplish the outcome: Staff will assist Lynette in using the computer to find bus routes. Staff will accompany Lynette on the bus to various locations. Staff will teach Lynette how to read the bus routes online. |
| Changes or modifications necessary to the physical and social environments: Lynette will do best at reading bus routes when the environment is quiet and she can focus with her staff. |
| Equipment and/or materials required: This outcome will require a computer, paper and pen, and bus fare. |
| Techniques that are used that are consistent with the person’s communication mode: Lynette does best when staff talks slowly and allows her to process what is being said. Lynette does well when given adequate time to process and respond. |
| Techniques that are used that are consistent with the person’s learning style: Lynette will do best when given time to look at the bus routes. Staff will ensure a map is available when discussing bus routes with Lynette. |
| Data collection method: Staff will complete a shift summary following each shift. Progress on this outcome will be tracked as part of this shift summary. |
| Names of staff or positions responsible for implementing the supports and methods: Lynette’s IHS staff and program coordinator are responsible for implementing these supports and methods. |
| **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. |
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| Summary of progress toward achieving this outcome:  Recommendation for implementing this outcome:  Continue  Change  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: |

**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: |