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| PROGRESS REPORT AND RECOMMENDATIONS | |
| Name: Tyrus Brown  Report Completed by (name and title): Jessica Reno, Program Director | Date of Progress Report: 07/09/2015  Type of Progress Report (i.e. annual): Annual  Date of Review Meeting (if applicable): 07/09/2015 |
| To:  Person Served  Legal Representative  Case Manager  Other: | |
| Summary of Service Outcome and Support Progress | |
| **PERSON CENTERED OUTCOMES** | |
| **Outcome #1:** | |
| Outcome statement with measurable and observable criteria for outcome achievement:  I would like to increase my community integration skills by participating in new community activities. I will do this by participating or researching new community activities (Special Olympics) two times a month with a 50% success rate until 2/6/16. | |
| Methods or actions that will be used to support the person and to accomplish the outcome:  Staff will come prepared with a list of potential activities for the shift, encourage TB to participate in new activities, and assist TB in finding new activities. | |
| Changes or modifications necessary to the physical and social environments:  Staff will transport TB to activities. | |
| Equipment and/or materials required:  Pen and shift summary. | |
| Techniques that are used that are consistent with the person’s communication mode:  Staff will patiently answer questions if they arise. | |
| Techniques that are used that are consistent with the person’s learning style:  Staff will model appropriate behavior in the community. | |
| Data collection method:  Staff will complete a shift summary. | |
| Names of staff or positions responsible for implementing the supports and methods:  Tyrus and In Home Services 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 | | October, 2015 |  |  | Tyrus volunteered at church, visited a local mall and the library. | | November, 2015 |  |  | Tyrus and staff went shopping in the community, as well as attended a seminar and a concert at church. | | December, 2015 |  |  | Tyrus went shopping in the community for Christmas presents. | | January, 2015 |  |  | Tyrus and staff went to the local library and shopping in the community. | | February, 2015 |  |  | Tyrus and staff went out to a movie and dinner in the community. | | March, 2015 |  |  | Tyrus went to the grocery store, a fitness center, and to a movie. | | April, 2015 | 0% | NP | Shift documentation not available. | | May, 2015 | 0% | NP | Shift documentation not available. | | June, 2015 | 0% | NP | Shift documentation not available. | | |
| Summary of progress toward achieving this outcome: Tyrus was active in the community during this reporting period.  Recommendation for implementing this outcome:  Continue  Change  Discontinue  Rationale for the recommendation: It is recommended that this goal be continued. | |
| If changes were made to the outcome during the meeting, state here how the outcome will look for the next review period: None | |

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| **Outcome #2:** |
| Outcome statement with measurable and observable criteria for outcome achievement:  I would like to expand on my money management skills and understand the responsibilities involved with money and having a family. |
| Methods or actions that will be used to support the person and to accomplish the outcome:  I will do this by purchasing items needed in the house hold (ex. milk bread, cereal, etc.). I will also focus on comparison shopping by choosing the product with the best value for the money. I will pay for the item or activity with exact change or the dollar bill nearest to the whole dollar. I will then match the change received to the amount on the receipt. If there is a difference, I will notify the clerk of the difference and ask for the correct amount needed. I will accomplish the purchasing procedure with 2 or fewer verbal prompts, twice a month with In-Home staff for 50% of trials until 2/6/16. |
| Changes or modifications necessary to the physical and social environments:  None |
| Equipment and/or materials required:  Pen and shift summary. |
| Techniques that are used that are consistent with the person’s communication mode:  Staff will patiently answer questions if they arise. |
| Techniques that are used that are consistent with the person’s learning style:  Staff will model appropriate behavior in the community and the store. |
| Data collection method:  Staff will complete a shift summary. |
| Names of staff or positions responsible for implementing the supports and methods:  Tyrus and In Home Services 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 | | October, 2015 |  |  | Tyrus and staff counted change and reviewed money management skills. | | November, 2015 |  |  | Tyrus and staff researched fitness centers based on Tyrus’ monthly budget. | | December, 2015 |  |  | Staff utilized games such as Monopoly to help Tyrus count change and make financial transactions. | | January, 2015 |  |  | Tyrus purchased groceries according to his budget at the store. | | February, 2015 |  |  | Tyrus purchased personal hygiene products at the store and counted exact change. | | March, 2015 |  |  | Tyrus followed his budget while buying groceries. | | April, 2015 | 0% | NP | Shift documentation not available. | | May, 2015 | 0% | NP | Shift documentation not available. | | June, 2015 | 0% | NP | Shift documentation not available. | |
| Summary of progress toward achieving this outcome: Tyrus achieved this goal at a high level of success.  Recommendation for implementing this outcome:  Continue  Change  Discontinue  Rationale for the recommendation: It is recommended that this goal be continued. |
| If changes were made to the outcome during the meeting, state here how the outcome will look for the next review period: None |

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| **Outcome #3:** |
| Outcome statement with measurable and observable criteria for outcome achievement:  I would like to increase my physical health. |
| Methods or actions that will be used to support the person and to accomplish the outcome:  I will do this by exercising at a gym, a rec center, going swimming, going to parks and walking, going on bike rides, running/jogging, or by playing sports. I will also do this by eating healthy food items and refraining from eating unhealthy items two times per week with a 90% success rate until 2/6/16. |
| Changes or modifications necessary to the physical and social environments:  None |
| Equipment and/or materials required:  Pen and shift summary. |
| Techniques that are used that are consistent with the person’s communication mode:  Staff will patiently answer questions if they arise. |
| Techniques that are used that are consistent with the person’s learning style:  Staff will model appropriate behavior in the community. |
| Data collection method:  Staff will complete a shift summary. |
| Names of staff or positions responsible for implementing the supports and methods:  Tyrus and In Home Services 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 | | October, 2015 |  |  | Tyrus played basketball and walked around the track. | | November, 2015 |  |  | Tyrus and staff played basketball. | | December, 2015 |  |  | Tyrus and staff walked the track and played basketball. | | January, 2015 |  |  | Tyrus and staff walked the track and played basketball. | | February, 2015 |  |  | Tyrus and staff played basketball. | | March, 2015 |  |  | Tyrus and staff played basketball at his church. | | April, 2015 | 0% | NP | Shift documentation not available. | | May, 2015 | 0% | NP | Shift documentation not available. | | June, 2015 | 0% | NP | Shift documentation not available. | |
| Summary of progress toward achieving this outcome: Tyrus engaged in physical activity on a routine basis with In Home Staff.  Recommendation for implementing this outcome:  Continue  Change  Discontinue  Rationale for the recommendation: It is recommended that this goal be continued. |
| If changes were made to the outcome during the meeting, state here how the outcome will look for the next review period: None |

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| **Outcome #4:** |
| Outcome statement with measurable and observable criteria for outcome achievement:  I would like to practice my domestic skills. |
| Methods or actions that will be used to support the person and to accomplish the outcome:  I will do this by doing my own laundry with assistance from my IHS staff. I will complete this task at least 1 time every 2 weeks, for 50% of trials until 2/6/16. |
| Changes or modifications necessary to the physical and social environments:  None |
| Equipment and/or materials required:  Pen and shift summary. |
| Techniques that are used that are consistent with the person’s communication mode:  Staff will patiently answer questions if they arise. |
| Techniques that are used that are consistent with the person’s learning style:  Staff will model appropriate behavior in the community. |
| Data collection method:  Staff will complete a shift summary. |
| Names of staff or positions responsible for implementing the supports and methods:  Tyrus and In Home Services 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 | | October, 2015 |  |  | Tyrus and staff practiced domestic skills in the community by cleaning at church. | | November, 2015 |  |  | Tyrus completed his laundry and folded his clothing with staff support. | | December, 2015 |  |  | Tyrus and staff practiced domestic skills in the community by cleaning at church. | | January, 2015 |  |  | Tyrus cleaned his room and completed laundry with staff support. | | February, 2015 |  |  | Tyrus completed laundry, cleaned his room, and organized clothing. | | March, 2015 |  |  | Tyrus completed his laundry and folded his clothing with staff support. | | April, 2015 | 0% | NP | Shift documentation not available. | | May, 2015 | 0% | NP | Shift documentation not available. | | June, 2015 | 0% | NP | Shift documentation not available. | |
| Summary of progress toward achieving this outcome: Tyrus achieved this goal to a high degree with In Home Services supports.  Recommendation for implementing this outcome:  Continue  Change  Discontinue  Rationale for the recommendation: It is recommended that this goal be continued. |
| If changes were made to the outcome during the meeting, state here how the outcome will look for the next review period: None |

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| **Outcome #5:** |
| Outcome statement with measurable and observable criteria for outcome achievement:  I would like to work on preparing my own food. I will do this by practicing cooking with my IHS staff 1 time per week, for 50% of trials until 2/6/16. |
| 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:  Pen and shift summary. |
| Techniques that are used that are consistent with the person’s communication mode:  Staff will patiently answer questions if they arise. |
| Techniques that are used that are consistent with the person’s learning style:  Staff will model appropriate behavior in the community. |
| Data collection method:  Staff will complete a shift summary. |
| Names of staff or positions responsible for implementing the supports and methods:  Tyrus and In Home Services 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 | | October, 2015 |  |  | Tyrus and staff prepared soup. | | November, 2015 |  |  | This goal was not worked during this reporting period. | | December, 2015 |  |  | Tyrus and staff prepared sandwiches. | | January, 2015 |  |  | Tyrus prepared snacks after working out with staff. | | February, 2015 |  |  | This goal was not worked during this reporting period. | | March, 2015 |  |  | Tyrus and staff prepared sandwiches and pizza. | | April, 2015 | 0% | NP | Shift documentation not available. | | May, 2015 | 0% | NP | Shift documentation not available. | | June, 2015 | 0% | NP | Shift documentation not available. | |
| Summary of progress toward achieving this outcome: Tyrus with staff prompts worked consistently on preparing meals.  Recommendation for implementing this outcome:  Continue  Change  Discontinue  Rationale for the recommendation: It is recommended that this goal be continued. |
| 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: |