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| PROGRESS REPORT AND RECOMMENDATIONS | |
| Name: Aaron Kitchener  Report Completed by (name and title): Elizabeth Notermann, Program Director | Date of Progress Report: 9/16/2015  Type of Progress Report (i.e. annual): Quarterly  Date of Review Meeting (if applicable): 9/21/2015 |
| To:  Person Served  Legal Representative  Case Manager  Other: | |
| Summary of Service Outcome and Support Progress | |
| **PERSON CENTERED OUTCOMES** | |
| |  | | --- | | 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:  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? | | |
| **Outcome #1:**  Outcome statement with measurable and observable criteria for outcome achievement:  I would like to work on becoming more independent by becoming familiar with the surrounding area. | |
| Methods or actions that will be used to support the person and to accomplish the outcome:  This will include getting to know the bus route. I will plan out my weekly activities and then write them down in my planner with assistance from my ILS worker at least 50% of the time until June 2016. | |
| Changes or modifications necessary to the physical and social environments:  None | |
| Equipment and/or materials required:  Bus Schedule and money. | |
| Techniques that are used that are consistent with the person’s communication mode:  Aaron’s ILS staff will provide verbal prompts that goal needs to be worked and support Aaron in securing bus routes to practice. | |
| Techniques that are used that are consistent with the person’s learning style:  Aaron will practice this skills in a repetitive manner. | |
| Data collection method:  ILS staff will complete shift summaries. | |
| Names of staff or positions responsible for implementing the supports and methods:  ILS 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 | | March, 2015 | 30% | MP | This goal was worked when shifts completed. Aaron took the bus and placed schedules on his calendar. | | April, 2015 | 30% | MP | This goal was worked when shifts completed. Aaron took public transportation independently with friends. | | May, 2015 | 50% | A | Aaron scheduled his transportation independently. | | June, 2015 | 100% | A | Aaron scheduled his transportation independently. | | July, 2015 | 75% | MP | Aaron scheduled his transportation independently and used his calendar. | | August, 2015 | 25% | LP | Aaron agreed to meet with his staff once for the month, refusing to meet the other three scheduled times. | | September, 2015 | N/A | N/A | Month isn’t over, incomplete data | | |
| Summary of progress toward achieving this outcome: Aaron made progress toward this goal achievement by consistently scheduling rides independently.  Recommendation for implementing this outcome:  Continue  Change  Discontinue  Rationale for the recommendation: It is recommended that this goal be discontinued as Aaron has strong skills in this area. Instead, it is recommended that Aaron utilize a cooking goal to increase independence. | |
| 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:**  Outcome statement with measurable and observable criteria for outcome achievement:  I would like to work on obtaining employment. |
| Methods or actions that will be used to support the person and to accomplish the outcome:  I will work on my resume and cover letter with assistance from my ILS staff and utilizing outside resources like the library and workforce centers. I will work on obtaining employment at least 50% of the time until June 2016. |
| Changes or modifications necessary to the physical and social environments:  None. |
| Equipment and/or materials required:  Computer, resume, and pen. |
| Techniques that are used that are consistent with the person’s communication mode:  Aaron’s ILS staff will provide verbal prompts that goal needs to be worked and support Aaron creating a resume and going to the workforce center. |
| Techniques that are used that are consistent with the person’s learning style:  Aaron will practice this skills in a repetitive manner. |
| Data collection method:  ILS staff will complete a shift summary. |
| Names of staff or positions responsible for implementing the supports and methods:  ILS 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 | | March, 2015 | 0% | NP | This goal was refused due to Aaron reporting he has a job. | | April, 2015 | 0% | NP | This goal was not worked due to Aaron working on Friday’s at Burger King. | | May, 2015 | 0% | NP | Aaron reported “no thanks” when staff asked to support in searching for employment, but committed to attending the workforce center. | | June, 2015 | 100% | A | Aaron went to the workforce center and began the process of applying for jobs. | | July, 2015 | 100% | A | Aaron actively worked on this goal both on his own and with staff. | | August, 2015 | 0 | NP | Aaron did not work on this goal this month. | | September, 2015 | N/A | N/A | The month is not over, incomplete data | |
| Summary of progress toward achieving this outcome: Aaron made little progress toward this goal in the beginning of the reporting period, however his new ILS staff has been making progress in getting Aaron into the community to search for employment.  Recommendation for implementing this outcome:  Continue  Change  Discontinue  Rationale for the recommendation: It is recommend that this goal be discontinued as Aaron has reported securing SES services through another provider. |
| 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 #3:**  Outcome statement with measurable and observable criteria for outcome achievement:  I will work on maintaining the cleanliness of my home. |
| Methods or actions that will be used to support the person and to accomplish the outcome:  I will do so by completing 1 chore once a week with 1 or no prompts from my ILS staff at least 75% of the time until June 2016. |
| Changes or modifications necessary to the physical and social environments:  None. |
| Equipment and/or materials required:  Cleaning supplies and chore list. |
| Techniques that are used that are consistent with the person’s communication mode:  Aaron’s ILS staff will provide verbal prompts that goal needs to be worked and support Aaron. |
| Techniques that are used that are consistent with the person’s learning style:  Aaron will practice this skills in a repetitive manner. |
| Data collection method:  ILS staff will complete shift summaries. |
| Names of staff or positions responsible for implementing the supports and methods:  ILS 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 | | March, 2015 | 0% | NP | This goal was refused. | | April, 2015 | 0% | NP | Aaron refused to let staff into his room to assist with cleaning. | | May, 2015 | 50% | A | Staff assisted Aaron in cleaning his room. | | June, 2015 | 100% | A | Staffed verified that Aaron had cleaned his room independently. | | July, 2015 | 100% | A | Staff verified that Aaron cleaned his room with one prompt or less. | | August, 2015 | 0% | NP | Aaron refused ILS Services and did not complete this goal. | | September | N/A | N/A | The month is not over and data is incomplete. | |
| Summary of progress toward achieving this outcome: Aaron made little progress toward this goal in the beginning of the reporting period, however his new ILS staff has been making progress in ensuring that Aaron has accountability to maintain the cleanliness of his room.  Recommendation for implementing this outcome:  Continue  Change  Discontinue  Rationale for the recommendation: It is recommend that this goal be changed in order to give Aaron the repetition and support needed in maintaining his home. |
| 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 #4:**  Outcome statement with measurable and observable criteria for outcome achievement:  I will work on following my daily routine established by myself and my ILS staff. |
| Methods or actions that will be used to support the person and to accomplish the outcome:  This daily routine will include waking up at a reasonable time in the morning, working out and participating in community activities twice per month 50% of the time until June 2016. |
| Changes or modifications necessary to the physical and social environments:  None. |
| Equipment and/or materials required:  Calendar, alarm clock, computer to research activities. |
| Techniques that are used that are consistent with the person’s communication mode:  Aaron’s ILS staff will provide verbal prompts that goal needs to be worked and support Aaron. |
| Techniques that are used that are consistent with the person’s learning style:  Aaron will practice this skills in a repetitive manner. |
| Data collection method:  ILS staff will complete shift summaries. |
| Names of staff or positions responsible for implementing the supports and methods:  ILS 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 | | March, 2015 | 0% | NP | This goal was refused. | | April, 2015 | 0% | NP | Staff were not let into Aaron’s room to verify that he was scheduling activities and writing them on his calendar. | | May, 2015 | 50% | A | Aaron and staff completed community activities such as running errands and playing basketball. | | June, 2015 | 0% | NP | Aaron was unable to locate his calendar. | | July, 2015 | 10% | LP | Aaron participated in one community activity but did not wake up to a set alarm nor work out. | | August, 2015 | 20% | LP | Aaron participated in one community activity and volunteered once this month. He did not wake up to his alarm clock or work out in any trials. | | September, 2015 | N/A | N/A | The month is not over, the data is incomplete. | |
| Summary of progress toward achieving this outcome: Aaron made little progress toward this goal in the beginning of the reporting period.  Recommendation for implementing this outcome:  Continue  Change  Discontinue  Rationale for the recommendation: It is recommend that this goal be changed to ensure that Aaron has more support in scheduling and tracking community activities. |
| 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: |