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| PROGRESS REPORT AND RECOMMENDATIONS | |
| Name: Derrick Mallory  Report Completed by (name and title): Jill Manthei, Program Coordinator | Date of Progress Report: 10/23/2015  Type of Progress Report (i.e. annual): Annual  Date of Review Meeting (if applicable): 10/23/2015 |
| To:  Person Served  Legal Representative  Case Manager  Other: | |
| Summary of Service Outcome and Support Progress | |
| **PERSON CENTERED OUTCOMES** | |
| **Outcome #1: Socialization**  **Date of development: 10/23/2014**  **Projected start date for implementation: 10/23/2014**  **Date by which progress towards accomplishing the outcome will be reviewed and evaluated: 10/23/2015** | |
| Outcome statement with measurable and observable criteria for outcome achievement:  I have difficulty leaving my apartment or socializing when faced with mental, emotional or environmental challenges. I would like to build a routine of participating in a NEW community outing on a regular basis. | |
| Methods or actions that will be used to support the person and to accomplish the outcome:  I will participate in a NEW community outing with my SLS once per month at least 65% of the time through 10/22/15 | |
| Changes or modifications necessary to the physical and social environments:  None | |
| Equipment and/or materials required:  Shift Summary and Pen | |
| Techniques that are used that are consistent with the person’s communication mode:  Staff will communicate with Derick in more than one work responses. | |
| Techniques that are used that are consistent with the person’s learning style:  Staff will model appropriate social interactions in the community. | |
| Data collection method:  Staff will complete shift summaries. | |
| Names of staff or positions responsible for implementing the supports and methods:  Staff and Derrick. | |
| **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 | | November, 2014 | 0% | NP | No shifts were recorded during this period. | | December, 2014 | 0% | MP | Derrick did not want to participate in a new activity. | | January, 2015 | 0% | MP | Derrick choose to go to the movies and Cheapo. | | February, 2015 | 0% | MP | Derrick choose to go to the movies and Cheapo. | | March, 2015 | 0% | MP | Derrick choose to go to the movies and Cheapo. | | April, 2015 | 0% | MP | Derrick choose to go to the movies and Cheapo. | | May, 2015 | 0% | MP | Derrick choose to go to the movies. | | June, 2015 | 0% | MP | Derrick choose to go to the movies and Cheapo. | | July, 2015 | 0% | MP | Derrick choose to go to the movies and Cheapo. | | August, 2015 | 0% | MP | Derrick choose to go to the movies and Cheapo. | | September, 2015 | 0% | MP | Derrick choose to go to the movies and Cheapo. | | October, 2015 | 0% | MP | Derrick choose to go to the movies and Cheapo. | | |
| Summary of progress toward achieving this outcome: Derrick engaged in community activities regularly during the shift and presented little to no difficulty leaving his home. However, Derrick did not engage in new community activities by rather choose to participate consistently in the same activities.  Recommendation for implementing this outcome:  Continue  Change  Discontinue  Rationale for the recommendation: It is recommended that this goal be continued as Derrick can be encouraged to engage in a wider variety of community based activities. | |
| If changes were made to the outcome during the meeting, state here how the outcome will look for the next review period:  The team decided to change the goal to working on attending more new activities and not just go to the same locations each month. The goal will be as written: “I would like to build a routine of participating in a NEW community outing on a regular basis. I will achieve this goal 50% of trials until 10/22/2016.” | |

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| **Outcome #2: Communication**  **Date of development: 10/23/2014**  **Projected start date for implementation: 10/23/2014**  **Date by which progress towards accomplishing the outcome will be reviewed and evaluated: 10/23/2015** |
| Outcome statement with measurable and observable criteria for outcome achievement:  I would like to increase my communication with staff and other people I may interact with while out in the community. |
| Methods or actions that will be used to support the person and to accomplish the outcome:  I will work on responding in multiple word answers to questions asked by my ILS staff. If I do not respond in a multiple word answer my ILS staff will verbally prompt me to answer the question more fully. I will do this at least once per shift at 65% of the time by 10/22/2015. |
| Changes or modifications necessary to the physical and social environments:  None |
| Equipment and/or materials required:  Shift Summary and Pen |
| Techniques that are used that are consistent with the person’s communication mode:  Staff will communicate with Derick in more than one work responses. |
| Techniques that are used that are consistent with the person’s learning style:  Staff will model appropriate social interactions in the community. |
| Data collection method:  Staff will complete shift summaries. |
| Names of staff or positions responsible for implementing the supports and methods:  Staff and Derrick. |
| **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 | | November, 2014 | 0% | NP | No shifts were recorded during this period. | | December, 2014 | 100% | A | Derrick replied to staff in a full sentences when questions were asked. | | January, 2015 | 100% | A | Derrick answered questions in detail when asked by staff. | | February, 2015 | 100% | A | Derrick responded well to staff when asked open ended questions. | | March, 2015 | 100% | A | Derrick answered questions in detail when asked by staff. | | April, 2015 | 100% | A | Derrick answered questions about his week in full sentences when asked by staff. | | May, 2015 | 75% | A | Derrick answered questions in one to two words as a new staff member was present for the shift. | | June, 2015 | 100% | A | Derick spoke to staff about his knowledge of bridge construction. | | July, 2015 | 100% | A | Derrick replied to staff in a full sentences when questions were asked. | | August, 2015 | 100% | A | Derick and staff discussed movie choices at Cheapo. | | September, 2015 | 100% | A | Derrick answered questions in detail when asked by staff. | | October, 2015 | 100% | A | Derrick answered questions about his week in full sentences when asked by staff. | | November, 2015 | 100% | A | Derrick answered questions when asked by staff. | |
| Summary of progress toward achieving this outcome: Derrick has achieved this communication goal at a 100% success rate.  Recommendation for implementing this outcome:  Continue  Change  Discontinue  Rationale for the recommendation: It is recommended that this goal be discontinued as Derrick has shown mastery of communicating to staff when open ended questions are asked. |
| If changes were made to the outcome during the meeting, state here how the outcome will look for the next review period: The team decided to continue the goal as written because it is important to consistently work on communication. |

**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: |