



# MONTHLY PROGRAM DATA SHEET & ISP STRATEGY

Member: \_\_\_\_\_ Month/Year: \_\_\_\_\_

Date of Current PCSP: \_\_\_\_\_ ADH Provider(s): \_\_\_\_\_

Habilitation Goal / PSCP Outcome: \_\_\_\_\_ Goal Start Date: \_\_\_\_\_ Goal End Date: \_\_\_\_\_

**Methodology:** How will this skill be taught?

**Who will implement this strategy?** Any provider who works with the member.

**Data Collection Procedures:** How and when will data be collected?

This monthly data sheet will be completed, marking each day with the appropriate key choices. This data form will be submitted to Family Touch no later than the 5th day of the following month. The member's team will review if criteria has been met at the next PCSP meeting and make changes accordingly. The member's team will review if criteria has not been met at the next PCSP meeting and make changes accordingly.

## Monthly Data Collection:

#	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Percent Completed	
Times per Day	1																																%
	2																																

Mark: + or √ = Completed; P = Partial completion (does not count towards the percentage completed for the month);  
 R = Refusal; A = Absent / Sick; B = Barrier; - = Day Off

## Present Performance Level:

Date(s)	Barriers, Refusals & Parital Completion Explanations / Notes