

*Monthly Progress Notes*

*Goal 1 of 1*

*Member's name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month of: \_\_\_\_\_\_\_\_\_\_\_ Year:*\_\_\_\_\_\_\_

*Level of care:* HAH (Habilitation)

***Goal: [Enter goal here from the ISP. Use bold letters.]***

1. *Staff will encourage and support member with the identified habilitation goal.*
2. *Staff will redirect member when needed.*

*If member is able to complete the task a “+” will be given on that day. Otherwise, a “-” will be given.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Days | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| +/- |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Staff Initials |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| Days | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| +/- |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Staff Initials |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

*Summary:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_