



Provider: _____
 Licensed Day-Adult Training Facility W7074
 189 West Creek Road
 Saint Marys, Pennsylvania 15857
 Phone 814-781-7101
 Fax 814-834-1560

Name of Participant: _____
 Day(s) of Week: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday
 Hour(s): ___ 11:00 AM – 3:30 PM (Regular Group, Monday through Friday) 16 Units Per Day
 Year: ___ 2013/2014 Staff/Participant Ratio: 1:6

MONTHLY PROGRESS NOTES

APRIL

Completed By: _____
 Program Specialist
 Date: _____
 Individual was provided _____ units of service during this month per the frequency, duration and outcomes specified in the ISP.

MAY

Completed By: _____
 Program Specialist
 Date: _____
 Individual was provided _____ units of service during this month per the frequency, duration and outcomes specified in the ISP.

JUNE

Completed By: _____
 Program Specialist
 Date: _____
 Individual was provided _____ units of service during this month per the frequency, duration and outcomes specified in the ISP.

JULY

Completed By: _____
 Program Specialist
 Date: _____
 Individual was provided _____ units of service during this month per the frequency, duration and outcomes specified in the ISP.

AUGUST

Completed By: _____
 Program Specialist
 Date: _____
 Individual was provided _____ units of service during this month per the frequency, duration and outcomes specified in the ISP.

SEPTEMBER

Completed By: _____
 Program Specialist
 Date: _____
 Individual was provided _____ units of service during this month per the frequency, duration and outcomes specified in the ISP.

OCTOBER

Completed By: _____
 Program Specialist
 Date: _____
 Individual was provided _____ units of service during this month per the frequency, duration and outcomes specified in the ISP.

NOVEMBER

Completed By:

Program Specialist

Date:

Individual was provided _____ units of service during this month per the frequency, duration and outcomes specified in the ISP.

DECEMBER

Completed By:

Program Specialist

Date:

Individual was provided _____ units of service during this month per the frequency, duration and outcomes specified in the ISP.

JANUARY

Completed By:

Program Specialist

Date:

Individual was provided _____ units of service during this month per the frequency, duration and outcomes specified in the ISP.

FEBRUARY

Completed By:

Program Specialist

Date:

Individual was provided _____ units of service during this month per the frequency, duration and outcomes specified in the ISP.

MARCH

Completed By:

Program Specialist

Date:

Individual was provided _____ units of service during this month per the frequency, duration and outcomes specified in the ISP.

OUTCOME STATEMENT