MONTHLY PROGRESS NOTES

Individual’s Name: __________________________________________

Month/Year: ________________________________________________
Dates of Services: ____________________________________________
Name of Staff: ______________________________________________

Related Outcome Statements:

Description of services provided, activities individual participated in, and progress made or skills maintained toward above outcomes:

Describe any issues, problems, or barriers related to provision of service:

Is individual making progress or maintaining skills in the above outcomes? Yes__ No__
Please describe recommendations for changes if no progress is occurring or if regression is occurring:

Signature of Managing Employer: ______________________________
Date:__________________