Progress Notes

INDIVIDUAL: _____ **MONTH/YEAR:** _____

_____**Progress Notes and Outcomes**

VISION: _____

Meaningful Day (Key Parts):_____

OUTCOME: _____

Action Step Codes: *1. Did not attempt; 2. Attempted with prompt/assistance, but did not complete; 3. Completed with physical assistance; 4. Completed with verbal prompt; 5. Completed independently.*

Action Steps
A.
B.
C.

Date	**Time In / out**		**Action Step (letter)**	**Action Code (number)**	**Daily Notes (Include location of activity)** * (**CM:** Choice Making; **MD**: Meaningful day; **MED:** Medical Appt)	***CM MD MED**	**FULL Signature**

80%= ISP Plan + Meaningful Day Criteria Met ---Yes ☐ No ☐ If no, why not? ___

Service Coordinator Signature _____