

## INSTRUCTIONS FOR AWC PROGRESS NOTES

The managing employer will fill this form out at least once a month for regularly scheduled services such as habilitation, transportation, and companion services. For temporary respite and overnight respite a progress note should be submitted every time the service is rendered.

Please see the reverse side for a sample progress note.

Most of the time these forms will be partially filled in with the Client's Name, Service Name, Amount, Frequency and Duration, and Related Outcome Statements. If these lines are not filled in, the clients ISP will contain the necessary information you will need to use to fill these sections out completely.

**Month/Year** - You may spell the month out or use numbers, please don't forget the year

**Dates of Services** - Fill in all the dates the service was rendered or specify the entire month of service was performed each day of the month.

**Name of Staff** - Please write in the names of the staff that worked during the month specified.

**Description of Services Provided . . .** - Please remember that these are the activities that the client is doing and should explain how the staff is supporting the client to work on the Outcomes and Action Plan as described in his/her ISP. When describing the activities use the words that describe the outcomes/actions from the client's viewpoint. For example, please write "the client needed assistance washing parts of his body as he showered" NOT "Staff gave him a shower"; or please write "The client needed 4 prompts to move his laundry from the washer to the dryer" not "staff did the laundry." For Respite and Companion Services most of the time it will be described as "assuring the health and safety of the client" while the main caregiver is receiving relief from the main caregiving duties.

A word bank is below to help you write the notes. Required words to describe the progress made are:

Independent, Verbal Prompts, needed assistance, increased independence, maintained, enhanced

**Describe any issues, problems, or barrier...** - Please use this area to document any problems or issues that the ISP team would need to address as well as documenting temporary things such as illness, or a vacation.

**Is the individual making progress...** - Don't forget to answer the question. Please answer yes if skills are being maintained.

**Please describe recommendations...** - Please use this area for any ideas you may have to address changes needed in order for the individual to make progress or to reverse any regression if possible.

Please do not forget to sign the form at the bottom and submit the form to this office no later than the 10<sup>th</sup> of the following month after the services are rendered.

**Failure to submit these forms as required may result in corrective action for the managing employer and up to recommending removal of the managing employer.**

# AGENCY WITH CHOICE MANAGEMENT SERVICES MONTHLY PROGRESS NOTES

**Individual's Name:** Junior Barnes **Service Name:** Habilitation

**Month/Year:** 12/2013 **Dates of Services:** \_\_\_\_\_

**Amount, Frequency and Duration:** 60 hours per week, flexible based on Junior's needs and schedule. (FROM ISP)

**Name(s) of Staff:** John Worker, Jack Employee, Mary Smith

**Related Outcome Statements including action plan:** : JUNIOR CONTINUES TO WORK ON HIS COMMUNICATION SKILLS, AS THEY NEED TO BE ENHANCED SO THAT HE IS ABLE TO EXPRESS HIS WANTS AND NEEDS WITHOUT FEELING FRUSTRATED. JUNIOR WILL CONTINUE TO USE PECS SYSTEM TO AID IN COMMUNICATION. IN ORDER TO ENSURE HIS HEALTH AND SAFETY AS WELL AS SUPPORT HIS WITH HIS DAILY LIVING ACTIVITIES, JUNIOR REQUIRES SUPPORT WITH MEDICAL APPOINTMENTS, TRANSPORTATION TO AND FROM ACTIVITIES, COMMUNITY INTEGRATION ACTIVITIES, SUPPORT IN COMPLETING ACTIVITIES OF DAILY LIVING, AND MAINTAINING HEALTH AND SAFETY. (FROM ISP)

**Description of services provided, activities individual participated in, and progress made or skills maintained toward above outcomes:** Junior has increased his independence in washing certain body parts. He only needed 1 prompt to complete his showering skills. He attended his day program regularly, he went out to eat several times without incident, he went to the dentist, and took several walks. He increased his usage of his PECs in the community by asking for food in the restaurants.

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

There were no issues to report.

**Is individual making progress or maintaining skills in the above outcomes?** Yes XXXX No \_\_\_\_\_

**Please describe recommendations for changes if no progress is occurring or if regression is occurring:**

**Signature of Managing Employer:** Bonnie Sue Barnes

**Date:** January 4, 2014



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