

## **AGENCY WITH CHOICE MANAGEMENT SERVICES MONTHLY PROGRESS NOTES**

**Individual's Name:** \_\_\_\_\_ **Service Name:** \_\_\_\_\_

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

**Amount, Frequency and Duration:** \_\_\_\_\_

**Name(s) of Staff:** \_\_\_\_\_

**Related Outcome Statements including action plan:**

**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:**

**Print Name of managing Employer: \_\_\_\_\_**

**Signature of Managing Employer: \_\_\_\_\_**

**Date: \_\_\_\_\_**



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