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| PROGRESS REPORT AND RECOMMENDATIONS |
| Name:       Report Completed by (name and title):      \*Distribution Date:       | Date of Progress Report:      Type of Progress Report (i.e. annual):      Date of service plan review meeting (if applicable):       |
| \*The report must be sent at least five working days prior to the progress review meeting if requested by the team in the *Support Plan or Support Plan Addendum*. |
| To: [ ]  Person Served [ ]  Legal Representative [ ]  Case Manager [ ]  Other:  |
| Summary of Service Outcome and Support Progress |
| Outcome #      Outcome statement with measurable and observable criteria for outcome achievement: Summary of progress toward achieving this outcome: Recommendation for implementing this outcome: [ ]  Continue [ ]  Change [ ]  DiscontinueRationale for the recommendation:  |

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| **Summary of Service Outcome and Support Progress** |
| Outcome #      Outcome statement with measurable and observable criteria for outcome achievement: Summary of progress toward achieving this outcome: Recommendation for implementing this outcome: [ ]  Continue [ ]  Change [ ]  DiscontinueRationale for the recommendation:  |

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| **Summary of Service Outcome and Support Progress** |
| Outcome #      Outcome statement with measurable and observable criteria for outcome achievement: Summary of progress toward achieving this outcome: Recommendation for implementing this outcome: [ ]  Continue [ ]  Change [ ]  DiscontinueRationale for the recommendation:  |

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| \*Data collected on psychotropic medication and target symptom-related data including monitoring data, is sent to the expanded support team, at a minimum of quarterly, or as otherwise requested. This data is reported on *Psychotropic Medication Monitoring Data Report* form, please reference that document for more information. |

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| **Description of the person’s status** |
| Health: What is currently important to the person and for the person: Status of social relationships and natural supports: Recent inclusion and participation in the community: New or ongoing opportunities for the development and exercise of functional and age-appropriate skills, decision making and choice, personal advocacy, and communication: Status of the person’s civil and legal rights: Other information as requested by the support team, please indicate:  |