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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  Discontinue  Rationale 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  Discontinue  Rationale 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  Discontinue  Rationale 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: |