

CP – MONTHLY SUMMARY REPORT

Due on the last working day of the month.

(Please add and attach additional required information)

PERSON SERVED: _____ **REPORTING PERIOD:** _____

STAFF COMPLETING REPORT: _____

GOALS:

- 1. To be integrated into a wide variety of community settings. (CA)
- 2. To provide a positive role model. (ALL)
- 3. To engage in developmentally appropriate programming. (ALL)
- 4. To provide 1:1 supervision during parent / guardian work hours. (ECC)
- 5. To provide hourly respite services as needed / approved. (HR)
- 6. To provide personal care services. (PCA)
- 7. To provide respite services as needed / approved. (RC)

Which service is being provided: (HR,ECC,CA,24 hour, PCA) _____

ACTIVITIES:

AREAS OF PROGRESS:

AREAS OF CONCERN / CONSIDERATION:

RECOMMENDATIONS / FUTURE PROJECTIONS:

OUTCOMES:

Attended program / days.

Required assistance with actively participating in programming
 Never Rarely Sometimes On Most Occasions Always

Required assistance making appropriate choices
 Never Rarely Sometimes On Most Occasions Always

Required assistance with communication skills
 Never Rarely Sometimes On Most Occasions Always

Required verbal cues
 Never Rarely Sometimes On Most Occasions Always

Required additional intervention (*describe*)
 Never Rarely Sometimes On Most Occasions Always

Signature Of Individual Completing Report

Date

RE-INFORMED PERSON SERVED OF RIGHTS