

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
Alternative Living Services Plan and Provider Progress Report
Supplement to DSHS form 10-269
(for additional goals and progress notes)

PAGE NUMBER

CLIENT'S NAME	RELATED PSCP (MM/YY) THROUGH	REPORTING PERIOD <input type="checkbox"/> Quarter 1 <input type="checkbox"/> Quarter 3 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> Quarter 4
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Goals must be written in the SMART format (see instructions on form DSHS 10-269 for example).

8. Select area of habilitation.

SMART Goal:

How is goal progress measured:

Goal begin date: ; Goal end date:

9. Estimated monthly hours for task:

10. Estimated monthly miles for task:

Goal Progress Tracking

11. CLIENT SKILL LEVEL AT BEGINNING OF REPORTING PERIOD	12. INSTRUCTION PROVIDED <input type="checkbox"/> Mentoring <input type="checkbox"/> Reminders / Prompting <input type="checkbox"/> Modeling <input type="checkbox"/> Opportunities to Practice <input type="checkbox"/> Education <input type="checkbox"/> Developing Visual Cues <input type="checkbox"/> Experimenting <input type="checkbox"/> Step by Step Instruction <input type="checkbox"/> Forward Teaching <input type="checkbox"/> Backwards Teaching <input type="checkbox"/> Other:	13. CLIENT MEASURABLE SKILL LEVEL AT END OF REPORTING PERIOD
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14. COMMENTS / FEEDBACK

Barriers to accomplishing goal:

How is instruction provided supporting client goal progress:

Other comments:

15. Total hours provided monthly in the reporting period:

Month 1: Month 2: Month 3:

16. Total miles provided monthly in the reporting period:

Month 1: Month 2: Month 3:

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SMART Goal:

How is goal progress measured:

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