



DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
DDA Specialty Adult Family Home (AFH) Pilot
Monthly Client Goal and Progress Report

CLIENT'S NAME	AFH NAME AND COUNTY	
NAME OF INDIVIDUAL COMPLETING REPORT	TELEPHONE NUMBER	REPORTING MONTH AND YEAR
LEGAL REPRESENTATIVE'S NAME (IF APPLICABLE)	CASE RESOURCE MANAGER'S NAME	REQUEST BEHAVIORAL CONSULTATION? <input type="checkbox"/> Yes <input type="checkbox"/> No

1. Goal of _____ :
 Describe Client's goal:

List each step of the goal (e.g., shopping: making a list; following a budget, cost-comparing; transportation to / from shopping; paying for purchases; social interactions while shopping).

Start of the Month Skill Level (1 – 10)	Levels 1 – 4 Learning Skill (Full Support to Significant Support Needed) Levels 5 – 9 Gaining Skill (Moderate Support to Lessening Support Needed) Level 10 Mastered Skill (Minimal to No Support Needed)	End of the Month Skill Level (1 – 10)
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AFH Provider Reporting

Describe client skills at start of month:

Describe specific teaching and training provided and effectiveness (modeling, prompting, step-by-step demonstration, role playing practicing, reinforcing):

Describe client skills at end of month:

Total number of days this month: _____ Total number of hours this month: _____
 In the monthly calendar below please write in the number of hours spent with the client working on the goal:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

2. Goal of _____ :

Describe Client's goal:

List each step of the goal (e.g., shopping: making a list; following a budget, cost-comparing; transportation to / from shopping; paying for purchases; social interactions while shopping).

Start of the Month
Skill Level (1 – 10)

Levels 1 – 4	Learning Skill (Full Support to Significant Support Needed)
Levels 5 – 9	Gaining Skill (Moderate Support to Lessening Support Needed)
Level 10	Mastered Skill (Minimal to No Support Needed)

End of the Month
Skill Level (1 – 10)

AFH Provider Reporting

Describe client skills at start of month:

Describe specific teaching and training provided and effectiveness (modeling, prompting, step-by-step demonstration, role playing practicing, reinforcing):

Describe client skills at end of month:

Total number of days this month:

Total number of hours this month:

In the monthly calendar below please write in the number of hours spent with the client working on the goal:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

INDIVIDUAL'S / LEGAL REPRESENTATIVE'S SIGNATURE

DATE

PROVIDER'S SIGNATURE

DATE

SPECIAL NOTES

Specialist initials: _____

Date reviewed: _____