

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								TI	TELEPHONE NUMBER REPORTING MONTH A								ND Y	ND YEAR										
LEGAL REPRESENTATIVE'S NAME (IF APPLICABLE)								C	AS	E RES	SOUR	CE M	ANA	٩GE	ER'S NA	ME	ME REQUEST BEHAVIORAL CONSULTATION?											
1. Goal		0	f	:																								
Describe	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	ו L	evel	s 1	- 4	Lea	rning	g Sk	cill	(Full	Supp	oort t	o S	Sigi	nifican	t Su	ppor	t N	eede	ed)			Er	nd of	the	Mor	nth
Skill Lev	vel (1 – 10	· -					•		`						Less		•	pp	ort N	eede	ed)		Sk	ill Le	vel (1 –	10)
				evel	10		Mas	stere	ed Si		•				•	port N	eed	ed)										
Describe	e cli	ent sk	ills at	sta	rt of	f moi	nth:			-																		
Describe playing p							ning	prov	/ideo	d a	and e	ffecti	vene	SS	(m	odelin	g, pi	omp	otin	g, ste	ep-by	y-ste	ep (demo	onstra	ation	, rol	е
Describe client skills at end of month:																												
Total nu			-													rs this												
In the monthly calendar below please write i						in th	1	numl		f hou 16	Irs : 17		ent wit 18 19	h the	e clie 21	ent 22		ing (on th		-	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	Leve	els 1 – 4	Lea	rning	g Sk	ill (Full S	Supp	ort t	o Signif	cant	t Sup	oport	Neede	d)		E	nd of	the M	onth	
Skill Level (1 – 10)					-	•			-			•			ed)	Sk	ill Le	vel (1 ·	- 10)	
	Skill Level (1 – 10) Levels 5 – 9 Gaining Skill (Moderate Support to Lessening Support Needed) Skill Level (1 – 10 Level 10 Mastered Skill (Minimal to No Support Needed)																			
						AFH F	rov	ider	Reporti	ng										
Describe client skills	at sta	art of mo	onth:																	
Describe specific tea	achinc	and tra	inina	prov	idec	and ef	ectiv	/ene	ess (moc	lelin	a. pr	omp	tina. ste	ep-bv	/-ste	p demo	onstra	ation. r	ole	
playing practicing, re									(5, 1-			· [- · -]		F		, .		
Describe client skills	at en	id of mo	nth:																	
Total number of day	s this	month:																		
Total number of hou																				
In the monthly calen				/rite	in th	e numb	er of	hou	irs spen	t witl	h the	e clie	nt work	ina c	on th	e doal:				
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INDIVIDUAL'S / LEGAL I	REPRE	SENTATI	VE'S S	IGNA	TUR	E							DATE	1				1 1		
PROVIDER'S SIGNATUR	RE												DATE							
SPECIAL NOTES													-							
													Specialist initials:							

Date reviewed: