



DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  
**Provider Progress Report of Community  
 Guide and Engagement Services**

	DATE	
CLIENT NAME	CLIENT DATE OF BIRTH	
CRM NAME	PHONE NUMBER (AND AREA CODE)	
SUBMITTED BY:	PROVIDER ONE ID	
<b>Client goal: Identify service goal and objectives.</b>		
IDENTIFIED GOAL		
<b>Summary of the client's progress towards achieving the service goals and objectives in measurable terms.</b>		
Provide specific details about what services were provided. Provide service dates and total number of service hours provided.		
PROGRESS TOWARD GOAL	DATE OF SERVICE	HOURS
WEEK 1		
WEEK 2		
WEEK 3		
WEEK 4		
Total mileage driven (client must be in vehicle) and hours worked	TOTAL MILEAGE	TOTAL HOURS