



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	
Client goal: Identify service goal and objectives.			
IDENTIFIED GOAL			
Summary of the client's progress towards achieving the service goals and objectives in measurable terms.			
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