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|  | 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[ ]  Quarter 1 [ ]  Quarter 3[ ]  Quarter 2 [ ]  Quarter 4 |
| **Goals must be written in the SMART format (see instructions on form DSHS 10-269 for example).** |
| 8. 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[ ]  Mentoring [ ]  Reminders / Prompting[ ]  Modeling [ ]  Opportunities to Practice[ ]  Education [ ]  Developing Visual Cues[ ]  Experimenting [ ]  Step by Step Instruction[ ]  Forward Teaching [ ]  Backwards Teaching[ ]  Other:  | 13. CLIENT MEASURABLE SKILL LEVEL AT END OF REPORTING PERIOD |
| 14. COMMENTS / FEEDBACKBarriers 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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