

# Habilitation Progress Reports

A guide to assist providers in accurately  
completing the monthly  
Habilitation Progress Reports



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# SAMPLE PROGRESS REPORT

Month: May (Fill in current month) Year: 2010 (Fill in current year)

Client Name: John Smith (Fill in first and last name of client)

Provider Name: Jane Doe (Fill in first and last name of provider)

Support Coordinator: (Fill in first and last name of Support Coordinator)

Date Mailed to Support Coordinator: Leave Blank - Affinity will send to support coordinator  
For Office Use Only



## Habilitation ( HAH ) Progress Report

**Codes:** NI=Objective Not Implemented or Attempted that day  
 I=Independent R=Refused/No Response  
 V=Verbal Prompt HH= Hand over Hand  
 P=Physical/Gesture Prompt M=Modeling  
 S=Visual (Sight) Prompt

**Objective #: 1**

John will increase his safety and independence by reciting and writing his personal information to include his first and last name, home address, and home phone number, and will understand who it is okay to give this information out to, independently when verbally prompted at all opportunities by 5/3/11.

DAY OF MONTH	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
CODES			NI	V	V	I	S			R	NI	V	R	S			V	R	NI	S	R	I		R	S	NI	V	S	NI		

**Monthly PROGRESS/BEHAVIORS:** (Describe progress made, any positive attempts, specific time achieved, all positive & negative behaviors, weaknesses, challenges, barriers, and needs/concerns while implementing this objective)

John is now able to recite his first and last name when asked "what is your name". When prompted with "what is your address" he is now able to respond with his street name. He does not know his house number, city, state, zip code or telephone number even when I try to have him mimic what I say. He does not understand who it is ok to ask for help and will talk to anyone. We are working on pointing out people in uniforms such as police officers or security guards and I tell him they help people. He gets very upset and more often will scream and throw the paper when we try to attempt the writing activity. When I talk to him, he will more often calm down and make a minimal attempt.

**Objective #: 2**

To increase his independence, John will tell the time to the nearest minute on an analog clock when prompted, and will use a calendar for scheduling upcoming appointments/events to include writing the time, meeting and details on the specific date, independently at all opportunities by 5/3/11.

DAY OF MONTH	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
CODES			V	V	M	NI	R			M	I	V	I	R			NI	M	V	V	I			M	R	I	V	NI	M		

**Monthly PROGRESS/BEHAVIORS:** (Describe progress made, any positive attempts, specific time achieved, all positive & negative behaviors, weaknesses, challenges, barriers, and needs/concerns while implementing this objective)

John is doing better with this goal. He can look at the clock and communicate the time at the hour and half hour. He does not know how to tell time at the quarter hour or by the minute even with prompting. He knows how to find the month and date on the calendar which is progress for John. He does not understand tomorrow or yesterday. He needs me to model how to write the details on the calendar and cannot do it himself. If an appointment is scheduled, he is verbally telling me or his family about it which is improvement for John, as more often he was forgetting to tell us. John will still at times refuse to do the activity, and will walk away and not complete the activity. Recently I have observed that John is more willing to try, as he sees going to his events as a reward because he likes doing things in the community.

**Objective #: 3**

To increase his independence, John will put on his shoes and socks on the correct feet, demonstrating proper heel placement and will tie his shoes securely, independently a minimum of 1x daily or at all opportunities, by 5/3/11.

DAY OF MONTH	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
CODES			HH	NI	R	P	HH			NI	P	HH	NI	R			HH	HH	P	P	NI			R	HH	HH	R	P	NI		

**Monthly PROGRESS/BEHAVIORS:** (Describe progress made, any positive attempts, specific time achieved, all positive & negative behaviors, weaknesses, challenges, barriers, and needs/concerns while implementing this objective)

John can now put on his sandals and velcro them which is huge progress for him. He still has difficulty putting on his tennis shoes and needs someone to do it for him. He is starting to put on his socks, but often times they are upside down and not in the proper heel placement and he continues to have difficulty with pulling them up. He is making an effort with tying his shoes and can criss-cross at each attempt. When he gets to making the loops, the ties will fall apart and it frustrates John. He gets easily upset with this activity and will often exhibit defiance or a meltdown. He will scream, throw his shoes and refuse to try. Right now we are trying to work on this goal by having him tie my shoes as he thinks it is fun. We also use a board that has a shoe tying activity that he is more receptive with.

\*\*\*\*\* By signing below, I agree that the above statements for all objectives and monthly progress are true and accurate \*\*\*\*\*

Provider's Signature: <b>Provider Signature</b>	Printed Name: <b>Print Provider First and Last Name</b>	Date: <b>Date Completed</b>
Parent or Guardian's Signature: <b>Parent or Guardian Signature</b>	Printed Name: <b>Print Parent/Guardian First and Last Name</b>	Date: <b>Date Reviewed/Approved</b> Must be on or after provider date

# COMPLETING A PROGRESS REPORT

## How to complete the top left portion of the Habilitation progress report

Month: <u>May (Fill in current month)</u>	Year: <u>2010 (Fill in current year)</u>
Client Name: <u>John Smith (Fill in first and last name of client)</u>	
Provider Name: <u>Jane Doe (Fill in first and last name of provider)</u>	
Support Coordinator: <u>(Fill in first and last name of Support Coordinator)</u>	
Date Mailed to Support Coordinator: <u>Leave Blank - Affinity will send to support coordinator</u>	<u>For Office Use Only</u>

- Write the Month for the progress report
- Write the current Year
- Print the Clients Name, first and last. Do not use a nickname or the parents names.
- Print your name first and last in "Provider Name"
- Print the DDD Support Coordinator name for the client
- Leave "Date Mailed" blank - Affinity Family Care will fill in

Where do I find the Support Coordinator Name?

- This name is on your Objectives for your client
- Ask the parent/guardian of the client
- Call Affinity Family Care and we will give you the name
- Note: If you become aware that the name of the support coordinator changed, please contact Affinity Family Care and let us know of the change. Ensure correct name is written in space provided.

## How to complete the objective box of the Habilitation progress report

- Each client has person centered objectives that are written per the Individual Support Plan (ISP). Affinity Family Care will provide objectives to providers for each client. Do not change approved objectives. If a change is needed, please contact Affinity Family Care to make the changes.

### Sample of an objective

<p><b><u>Objective #: 1</u></b> To increase his independence, Joel will eat with a spoon and fork without the food falling, independently with minimal assistance at all opportunities, by 1/15/12.</p>
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## How to complete the codes on the Habilitation progress report

DAY OF MONTH	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
CODES			HH	NI	R	P	HH			NI	P	HH	NI	R			HH	HH	P	P	NI			R	HH	HH	R	P	NI		

### Days of Month:

For each calendar day that a provider records Habilitation hours on a Habilitation timesheet there must be a CODE listed below. Even if an objective was not implemented or worked on, a CODE must be listed.

- Codes are written underneath the number that corresponds to the date the provider implemented the objective.
  - For example, for May 4<sup>th</sup>, use the “4” box
- It is suggested that providers complete the codes daily for each objective to ensure accurateness

### CODES (Description of Codes):

Providers will select the code that applies to the daily objective implemented. Select the client’s most used prompt for that day.

Below is a list of codes and their description with an example.

#### NI = Objective Not Implemented:

The objective was not implemented, attempted or worked on this day.

**Example:** Each client has multiple objectives. Provider may not have an opportunity to work on all of them. For those not implemented, not attempted or not worked on for that day, provider will place a code of NI underneath the date.

#### I = Independent:

The objective/task is completed independently by the client without any prompting. The attempt/trial for the day is achieved.

**Example:** If the client has a toileting goal, and he goes into the restroom and completes all steps from start to finish with no prompting provider would code an “I” for independent.

## CODES (Description of Codes) Continued:

### V = Verbal Prompt:

The provider uses words or sounds to help the child achieve or make an attempt with the objective.

Example: Provider is working on throwing a ball with the client. Provider verbally says “throw the ball to me” and the client responds by throwing the ball.

### HH = Hand Over Hand:

The provider uses full physical prompting through placing their hand over the clients hand to complete the activity.

Example: Provider is working on writing the clients name. Provider holds the clients hand and physically goes through the motions of writing the name with the client to achieve success. Client does not hold the pencil or go through motions of writing without full assistance of provider.

### P = Physical/Gesture Prompt:

A Physical prompt is gently guiding the client physically to complete the task successfully. It can be gently nudging them, pointing, waving, and/or showing through hand motions.

Example: Provider is teaching the client to pick up a block. The provider guides the clients hand to the block by touching the elbow and gently nudging it to the block and the client responds by picking up the block. The provider could also point at the block and the client picks it up.

### S= Visual/Sight Prompt:

The provider uses visual tools to assist the client in making attempts. This can be pictures, schedules, social stories, sentence strips, charts, etc.

Example: Provider is working with client on completing their morning routine tasks. Provider has pictures of getting out of bed, using the toilet, getting dressed, eating, getting back pack etc. The provider holds up the picture in order to prompt the individual to complete the task.

## CODES (Description of Codes) Continued:

### M = Modeling Prompt:

The objective/task is completed after the provider “models” or shows the client what they should do. It is demonstrating for the client and the client imitating the action.

Example: The provider says “do this” then claps their hands. The client now has a “model” of how to clap their hands.

Example: The client is learning to fold his clothes. The provider demonstrates folding clothes in front of the client. The client then attempts to imitate or try to fold his clothes following the model of the provider.

### R = Refused/No Response:

The provider attempts to use a variety of prompts to encourage the client to engage in the task/activity. The client refuses by exhibiting negative or resistant behaviors, verbally refuses, or may not make an attempt because they do not understand what is being requested. With “refusal/no response”, there are no attempts made by the client.

**\*\*NOTE:** If provider uses a code of “R” and client is refusing or not responding, provider must document in monthly progress why they believe the client is not responding.

Example: Provider sets up the client’s environment with an activity. As the client observes the activity, he verbally communicates that he does not want to participate. Provider continues to verbally prompt the client and client says No. Provider redirects to another activity and no attempts were made.

Example: Provider goes to the play group with client. As client enters the room and sees the crowd, and he/she starts screaming, crying and refuses to enter. This is exhibiting negative or resistant behaviors and the client does not make an attempt and provider leaves with the client. No attempt was made by the client.

## How to complete the monthly progress on the Habilitation progress report

**Monthly PROGRESS/BEHAVIORS:** (Describe progress made, any positive attempts, specific time achieved, all positive & negative behaviors, weaknesses, challenges, barriers, and needs/concerns while implementing this objective)

John can now put on his sandals and velcro them which is huge progress for him. He still has difficulty putting on his tennis shoes and needs someone to do it for him. He is starting to put on his socks, but often times they are upside down and not in the proper heel placement and he continues to have difficulty with pulling them up. He is making an effort with tying his shoes and can criss-cross at each attempt. When he gets to making the loops, the ties will fall apart and it frustrates John. He gets easily upset with this activity and will often exhibit defiance or a meltdown. He will scream, throw his shoes and refuse to try. Right now we are trying to work on this goal by having him tie my shoes as he thinks it is fun. We also use a board that has a shoe tying activity that he is more receptive with.

### Monthly Progress/Behaviors:

At the end of the month the provider will describe in their own words any progress made, any positive attempts, specific time achieved, all positive and negative behaviors, weaknesses, challenges, barriers, and needs/concerns while implementing the objective.

- **NOTE:** There are 3 objectives per page and providers are responsible for completing all of the above for each objective.

**Example:** If client has 9 objectives, there will be 3 pieces of paper that must be submitted by provider on the first of the month for the previous month (ie. January's progress reports are due February 1<sup>st</sup>).

### What should a provider document in Monthly Progress/Behaviors?

#### Positive Attempts:

List any positive attempts the client made with the objective, even if they are "little attempts".

**Example:** If provider is working on a shoe tying objective and client is successfully make an attempt to criss-cross the shoe lace and that is all they can do, that is a positive attempt and the provider should document it.

#### Specific Time Achieved:

If the objective clearly states that a client will complete an activity for a specific amount of time (ie. 20 minutes), provider must document the current amount of time they are presently able to complete in the monthly progress.

**Example:** If the objective is written that the client will participate in the community for 60 minutes without exhibiting negative behaviors, and the client this month was only able to complete 20 minutes, provider must document in the monthly progress that client was only able to complete 20 minutes.

## What should a provider document in Monthly Progress/Behaviors Continued?

### All Positive and Negative Behaviors:

It is very important that the provider document **all** positive and negative behaviors observed while implementing each objective during the month. The client will respond differently to each objective, therefore the provider should document behaviors separately for each objective.

- Positive behaviors are improvements, more of a willingness to try, accepting the activities etc.

**Example:** If last month, client exhibited negative/resistant behaviors and this month was more willing to try, document that they were willing to try more this month and showing less negative behaviors. This shows improvement in their behaviors.

- Negative or resistant behaviors are the behaviors that impede the client's ability to learn or are a distraction. A negative behavior is more often called a "meltdown". This can be screaming, hitting, pinching, kicking, biting, scratching, walking away, throwing objects/items, banging their head, being defiant and verbal and physical attacks, etc.

### Weaknesses/Challenges/Barriers:

A weakness, challenge or barrier include all things that hinder the teaching process and result in some kind of adjustment in the clients environment, teaching strategies, activities etc. A weakness could be a physical weakness such as a child who recently broke their arm, had a surgery, has been ill etc. These weaknesses are a challenge/barrier when teaching the individual. Another form of a weakness are the areas of the criteria that client is still having difficulty with, it is the things they are unable to achieve.

**Example:** If the provider is encouraging the client to socially interact with someone, and the client does not have an ability to communicate this is a barrier for the client when interacting.

**Example:** If the provider is encouraging the client to participate in the community and the client is afraid, this is an emotional barrier. The client's fear and anxiety will impede their ability to implement the objective successfully.

**Example:** The client recently broke their arm and the provider is trying to implement an objective of throwing and catching a ball. The broken arm is a barrier/challenge with implementing the objective. The provider would document in monthly progress that the client broke his arm and the anticipated date of the cast being removed.



## What should a provider document in Monthly Progress/Behaviors Continued?

### Needs/Concerns:

Needs and concerns are areas that the provider would like for the Support Coordinator and/or agency to review. This could be needs/concerns with the provider, family, therapists etc. or needs/concerns observed with the family or dynamics in the home.

**Example:** Provider is implementing the objective and the client is exhibiting negative behaviors that are new and it is concerning. Provider should document this in the monthly progress to ensure the team is aware.

**Example:** Provider has noticed changes in the dynamics of the home. Recently the father/mother have announced a separation, and the child will be spending time at both parents homes. This is important to document so that the team is aware.

**Example:** The family communicated to the provider that the client will be having surgery soon and there will be a recovery period. This is a need and concern that should be documented.

**Note:** Remember at anytime when a provider and/or family has a concern we strongly recommend that Affinity Family Care's office be contacted so we may offer our assistance.

## How to complete the signatures at the bottom of the Habilitation progress report

<b>***** By signing below, I agree that the above statements for all objectives and monthly progress are true and accurate *****</b>		
Provider's Signature: <b>Provider Signature</b>	Printed Name: <b>Print Provider First and Last Name</b>	Date: <b>Date Completed</b>
Parent or Guardian's Signature: <b>Parent or Guardian Signature</b>	Printed Name: <b>Print Parent/Guardian First and Last Name</b>	Date: <b>Date Reviewed/Approved</b> <i>Must be on or after provider date</i>

Provider must sign their name, print their name and date each page of the progress report.

Parent and/or Guardian must sign their name, print their name and date each page of the progress report. The parent date must be dated the same or after the provider date.

Remember - by signing, you and the parent/guardian are agreeing that objectives and monthly progress are true and accurate for each objective.