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

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

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: For Office Use Only

Leave Blank - Affinity will send to support coordinator

Habilitation **Progress Report**

Codes: NI=Objective Not Implemented or Attempted that day

R=Refused/No Response I=Independent

HH= Hand over Hand V=Verbal Prompt M=Modelina

P=Physical/Gesture Prompt 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.

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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 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
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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
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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 stat	ements for all objectives and monthly progr	ess are true and accurate **	****
Provider's Signature:	Printed Name:	Date:	

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