**Progress Review Report Form**

REQUIREMENTS FOR USE OF THIS SAMPLE DOCUMENT: 245D license holders are responsible for modifying this sample for use in their program. At a minimum, you must fill in the blanks on this form. You may modify the format and content to meet standards used by your program. This sample meets compliance with current licensing requirements as of January 1, 2014. Providers remain responsible for reading, understanding and ensuring that this document conforms to current licensing requirements. DELETE THIS HIGHLIGHTED SECTION TO BEGIN MODIFYING THIS FORM.

1. The purpose of the service plan review is to determine whether changes are needed to the service plan based on the assessment information, the license holder’s evaluation of progress towards accomplishing outcomes, or other information provided by the support team or expanded support team.
2. This program must give the person or the person's legal representative and case manager an opportunity to participate in the ongoing review and development of the service plan and the methods used to support the person and accomplish outcomes identified in the person’s coordinated service and support plan or coordinated service and support plan addendum.
3. This form must be sent to the person or person legal representative within five working days prior to the review meeting if requested by the team in the coordinated service and support plan or coordinated service support plan addendum.
4. This program must send this report to the person, the person’s legal representative, and the case manager by mail within ten working days of the progress review meeting.
5. Within ten working days of the mailing of this report, dated signatures must be obtained from the person or the person’s legal representative and the case manager to document approval of any changes to the coordinated service and support plan addendum.
6. If dated signatures are not obtained by the person, the person’s legal representative, and case manager within ten working days of submitting this report, or the person, the person’s legal representative, and case manager has not proposed written modifications to this report, this report is deemed approved and effective and will remain in effect until the legal representative or case manager submits a written request to revise this report.

Person name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reporting period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Date mailed | Report mailed to: | Title |
|  |  | Person |
|  |  | Legal Representative |
|  |  | Case Manager |

Frequency of Progress Reports to be provided:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monthly |  | Quarterly |  | Semi-Annually |
|  | Annually [minimum requirements] |  | Other: [as requested] |  | |

Outcome Goals:

|  |
| --- |
| Outcome:  Criteria for achievement:  Supports and methods:  Summary of the person’s status and progress:  Outcomes achieved:  □ Changing outcome □ Continuing outcome □ Discontinue outcome  Recommendations with rationale : |
| Outcome:  Criteria for achievement:  Supports and methods:  Summary of progress:  Outcomes achieved:  □ Changing outcome □ Continuing outcome □ Discontinue outcome  Recommendations with rationale : | |

Please review this report and bring this report with you to the meeting on (date and time): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meeting location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This report was reviewed and approved by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and signature of Designated Coordinator Date

If you have questions you can contact the Designated Coordinator at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_