

BI-WEEKLY PROGRESS NOTES

Individual's Name: _____

Service Dates (Pay Period): _____ Name of Staff: _____

Service Provided (**circle one**): Habilitation, Companion, Respite, Homemaker/Chore

Amount/Duration of Service **per ISP**: _____

Related Outcome Statements:

Description of services provided, activities individual participated in, and progress made or skills maintained toward above outcomes:

| Date | Hours | Description of Service |
|------|-------|------------------------|
| | | |

Describe any issues, problems, or barriers related to provision of services: ON BACK OF SHEET

Is individual making progress or maintaining skills in the above outcomes? Yes___ No___

Please describe recommendations for changes if no progress or regression is occurring: ON BACK OF SHEET

Signature of Managing Employer: _____ Date: _____

Signature of Support Service Worker: _____ Date: _____