Progress Note

Customer Name: _____ Month/ Year: _____

Please complete an entry for each shift worked. Time should be divided into segments when different tasks are performed (i.e. time should be indicated for personal assistance, skill development, etc.). **You must sign your full name at the end of each full shift worked**.

Date	Time In	Time Out	Narrative description of time spent with customer. When documenting skill development, comment on goals worked on & level of independence. If you are providing respite, your entry must include the reason for the respite, the location, and the type of respite. Ask your service coordinator if you require further clarification.	Type of Service Provided

Type of Services Provided Key:
E= Employment
PA= Personal Assistance
SD= Skill Development (goals)
R= Respite/ Attendant Care
LEAP= LEAP

Reviewed by: _____Date: _____

Progress notes are to be turned in to the Service Coordinator monthly for review, then filed in the customer main file.