

## HABILITATIVE PROGRESS REPORT

Client Name (print): Sunday that started your work week: / /

Service Type	Support Codes								
<b>DH</b> = Day Habilitation <b>IH</b> = In-Home Support <b>SL</b> = Supported Living	I = Independent/no assistance required	PC = Physical cues*	V = Verbal cues*						
	M = Modeling*	<b>PS</b> = Protective supervision	Other:						
	N/A = Not attempted/unable to attempt	<b>R</b> = Refused/non-compliant	Other:						
	<b>P</b> = Physical assistance	U = Attempted but unable to complete	* = Requires frequency (for example:V3)						

Ohioatina #	Service Type  One service type per objective.  DH may only be provided in a community setting.				Enter the date of service under each day's letter below.						
Objective #  Reference the objective cue sheet(s).					S	M	T	W	T	F	S
					For each day of service, enter a support code, as well as the number of times each objective was addressed. Example: V3/4						
	DH	I	IH	SL	/	/	/	/	/	/	/
	DH	I	IH	SL	/	/	/	/	/	/	/
	DH	I	IH	SL	/	/	/	/	/	/	/
	DH	I	IH	SL	/	/	/	/	/	/	/
	DH	I	IH	SL	/	/	/	/	/	/	/
	DH	I	IH	SL	/	/	/	/	/	/	/
	DH	I	IH	SL	/	/	/	/	/	/	/
	DH	I	IH	SL	/	/	/	/	/	/	/
	DH	I	IH	SL	/	/	/	/	/	/	/
	DH	I	ΙΗ	SL	/	/	/	/	/	/	/
	DH	I	IH	SL	/	/	/	/	/	/	/
	DH	I	ΙΗ	SL	/	/	/	/	/	/	/
	DH	I	IH	SL	/	/	/	/	/	/	/
	DH	I	ΙΗ	SL	/	/	/	/	/	/	/
	DH	I	ΙΗ	SL	/	/	/	/	/	/	/
	DH	I	IH	SL	/	/	/	/	/	/	/
	DH	I	IH	SL	/	/	/	/	/	/	/
	DH	I	ΙΗ	SL	/	/	/	/	/	/	/
	DH	I	IH	SL	/	/	/	/	/	/	/
	DH	I	IH	SL	/	/	/	/	/	/	/
	DH	I	IH	SL	/	/	/	/	/	/	/
	DH	I	IH	SL	/	/	/	/	/	/	/
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	DH	I	IH	SL	/	/	/	/	/	/	/
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	DH	I	IH	SL	/	/	/	/	/	/	/
	DH	I	IH	SL	/	/	/	/	/	/	/
	DH	I	IH	SL	/	/	/	/	/	/	/
	DH	I	IH	SL	/	/	/	/	/	/	/
	DH	I	IH	SL	/	/	/	/	/	/	/

Any objective not noted above will be assumed to be marked N/A. Routine failure to address an objective is not acceptable and will be questioned by the agency. Unusual service circumstances leading to an objective not being addressed MUST be directly reported to the agency!

Employee signature confirms that any day habilitation services were provided in an appropriate community setting, or as otherwise authorized by the State of Alaska and CDCN.



## HABILITATIVE DAILY CASE NOTES

Remember to follow the instructions on the back. Thank you! Sunday that started your work week: / / Client Name (print) Check all support and teaching strategies used this week: □ Administered □ Coached □ Coordinated □ Encouraged □ Explored □ Followed Up □ Instructed □ Participated □ Practiced □ Praised □ Pre-Taught □ Redirected □ Role Played □ Used Visual Learning Aids ☐ Used Adaptive Equipment ☐ Other: ☐ O SUNDAY: \_\_\_\_/\_\_\_ Note: MONDAY: \_\_\_\_/\_\_\_ Note: TUESDAY: \_\_\_\_/\_\_\_ Note: WEDNESDAY: \_\_\_\_/\_\_\_ Note: THURSDAY: \_\_\_\_/\_\_\_ Note: FRIDAY: \_\_\_\_/\_\_\_ Note: **SATURDAY:** \_\_\_\_/\_\_\_ Note: **Employee Name: Signature:** Date: CHECK HERE IF THESE CASE NOTES REQUIRE **CDCN Use Only:** 

IMMEDIATE REVIEW BY CDCN STAFF.

☐ Case notes sent to Hab Coordinator