

PROGRESS REPORT

1. CLIENT NAME: _____ **2. DOB:** _____

3. STAFF NAME: _____ **4. MILEAGE:** _____

5. Date: _____ **6. Contact Time:** _____ [am/pm] To _____ [am/pm]

TYPE OF CONTACT

7. Face to face contact: _____ With Client/Youth: (a.) _____ Family/Parent: (b.) _____ Others: (c.) _____

8. Phone contact: _____ With Client/Youth: (a.) _____ Family/Parent: (b.) _____ Others: (c.) _____

9. AREAS ADDRESSED/ACTIVITY [Check as many as apply]:

___ ¹Engagement/motivation ___ ²Recreation activity ___ ³Communication skills

___ ⁴Job searching ___ ⁵Independent living skills ___ ⁶Problem solving skills

___ ⁷Anger management ___ ⁸Contracting ___ ⁹School/Academic activity

___ ¹⁰Organizing community resources

___ ¹¹Other: _____

10. ACTIVITY EXPENSE: _____

Progress note:

Staff Signature: _____ **Date** _____

Parent Signature: _____ **Date** _____