

HABILITATION INDEPENDENT PROGRESS NOTES

INDIVIDUAL:

MONTH/YEAR

ASSIST #

SUPPORT COORDINATOR:

PROVIDER: PROJECT INSIGHT/

START DATE:

TARGET DATE:

DATES WORKED:

PROGRESS/OUTCOMES:

WEEK 1

WEEK 2

WEEK 3

WEEK 4

Assess the training program, include information deemed important to the teaching situation that may have affected the progress for month.
Include client participation.