Options
Progress Note

Customer Name: _____ RID #: _____Month/ Year: _____

Please complete an entry for each shift worked. Time should be divided into segments when different services are provided (i.e. time should be indicated for residential support, day services, 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. Comment on location of shift, 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.	Location of Service Provided	Type of Service Provided

Type of Services Provided Key:
E= Employment
RHS= Residential Hab & Support
CHI= Community Hab- Individual
R= Respite/ Attendant Care
CEO= CEO

Reviewed by: _____Date: _____

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