



# Lauren's Institute for Education HAH Monthly Report

Client Name: Client Sample Provider Name: Your Name Month / Year: Mo/Yr

Support Coordinator: Support Coordinator Name Office: Area ISP Date: Start of Service

**Outcome:** This is the Outcome that comes from the ISP. This is created with parents and Support Coordinators when Yearly ISP reviews take place. This cannot be changed or manipulated unless by the Support Coordinator and resubmitted into the ISP. You must work on all functional outcomes in order to meet the standard of hours given.

**Yellow below will always be filled out by your supervisor-however, if the present performance level is inaccurate please inform your supervisor to adjust.**

**Present Performance Level:** Client's current performance with regards to goal.

**Who Will Implement Strategy:** Habilitation Provider

**Time Data to be Collected:** Immediately after working on this outcome, provider will record the data results.

**Data Collection Procedures:** At the end of each month, provider will submit the completed outcome sheet to supervisor. Supervisor will submit forms to administration, administration will send via email to SC.

**How the skill will be taught:**

**Strategy:** This is your target to work on with a recommended frequency to complete. Always work on this strategy and not the outcome itself. If a teaching strategy is inappropriate for your client, please inform your supervisor to adjust.

**Phase Change Criteria:** Within six months, if progress is not made on this goal the team will meet to discuss changes. If mastered the goal before the six-month mark, the team will meet to discuss.

| Date | 1  | 2 | 3 | 4  | 5  | 6  | 7 | 8  | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|------|----|---|---|----|----|----|---|----|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
|      | NA |   |   | NA | NA | na |   | NA |   |    |    | NA | NA |    | na |    | na | na | NA | NA |    | V  |    | NA | V  | V  | NA |    |    |    | NA |

**Comments:**

The data above is represented by the data key at the bottom of this page. Please fill out the box with the data that is appropriate for how the client completed the goal.

Every Strategy will need an accommodating comment written, reports will not be accepted without it.

In this section you will write, 1) What you are targeting, 2) What are your client's successes/challenges, 3) Give an example of how they complete it.

**Please see SAMPLE below of a complete Strategy.**

**Outcome:** To improve independent living skills, Client will learn to identify when he is feeling frustrated or upset either in the community or at home, and engage in self-calming techniques 5/7 times a week by end of ISP.

**Present Performance Level:** Client will yell, pretend or script, and obsess when he is upset. It will usually occur rest of session.

**Who Will Implement Strategy:** Habilitation Provider

**Time Data to be Collected:** Immediately after working on this outcome, provider will record the data results.

**Data Collection Procedures:** At the end of each month, provider will submit the completed outcome sheet to supervisor. Supervisor will submit forms to administration, administration will send via email to SC.

**How the skill will be taught:**

**Strategy:** Teach Client to request meditation time when feeling frustrated, daily throughout sessions, 6 days a week.

**Phase Change Criteria:** Within six months, if progress is not made on this goal the team will meet to discuss changes. If mastered the goal before the six-month mark, the team will meet to discuss.

| Date | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26      | 27 | 28 | 29 | 30 | 31 |
|------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---------|----|----|----|----|----|
|      | V |   |   | V | V | + |   | V |   |    |    | V  | +  |    | V  |    | V  | V  | V  | +  |    | V  |    | V  | V  | V/V/S/G | +  |    |    |    | V  |
|      | S |   |   | S | S |   |   | S |   |    |    | S  |    |    | S  |    | S  | S  | S  |    |    | S  |    | S  | S  |         |    |    |    |    |    |

**Comments:**

Client is working on requesting meditation time when feeling frustrated instead of acting out, pretending, yelling or scripting. Client often needs a visual cue of numbers to help him with this as verbal makes it worse. I start counting using my fingers and if he gets to three in that session, he loses his star for the token economy system we currently have.

**Key:** NP: No Program    PP: Partial physical    G: Gestural    A: Absent    M: Model    V: Verbal  
 FP: Full physical    NC: Non-compliant    NA: Not Addressed    VS: Visual    +: Completed Independently