BASIC LIVING SKILLS PROGRESS REPORT

(Include each category of Basic Living Skills provided in the daily Progress Report)

Child's Name: _____ Case Number: _____

H0036 Individual = I H0036-HQ Group = G	Sunday Date ___/___/___			Monday Date ___/___/___			Tuesday Date ___/___/___			Wednesday Date ___/___/___			Thursday Date ___/___/___			Friday Date ___/___/___			Saturday Date ___/___/___		
Category	Units	Setting	Progress	Units	Setting	Progress	Units	Setting	Progress	Units	Setting	Progress	Units	Setting	Progress	Units	Setting	Progress	Units	Setting	Progress
Personal Hygiene																					
House Keeping																					
Meal Preparation																					
Shopping																					
Laundry																					
Money Management																					
Healthy Life-Style																					
Stress Management																					
Use of Public Transportation																					
Medication Management																					
Behavior Education																					
Total Daily Units																					

Setting Codes: 1 = Home 2 = School 3 = Treatment Facility 4 = Community 5 = Other (Describe) _____

Progress Codes: A = Progress Noted B = Progress Maintained C = Regression

**********SERVICES PROVIDED MUST BE CONSISTENT WITH DHR's ISP

UNITS		TIME	UNITS		TIME
1 unit	=	15 minutes	11 units	=	2 hours & 45 minutes
2 units	=	30 minutes	12 units	=	3 hours
3 units	=	45 minutes	13 units	=	3 hours & 15 minutes
4 units	=	1 hour	14 units	=	3 hours & 30 minutes
5 units	=	1 hour & 15 minutes	15 units	=	3 hours & 45 minutes
6 units	=	1 hour & 30 minutes	16 units	=	4 hours
7 units	=	1 hour & 45 minutes	17 units	=	4 hours &15 minutes
8 units	=	2 hours	18 units	=	4 hours & 30 minutes
9 units	=	2 hours & 15 minutes	19 units	=	4 hours & 45 minutes
10 units	=	2 hours & 30 minutes	20 units	=	5 hours

Basic Living Skills Daily Progress Report

Describe specific activities performed when training and assisting a child to develop or maintain skills in the Basic Living Skill Categories and include how it relates to the child's treatment goals. Also include start and end times for each type of Basic Living Skills category documented on the grid.

Sunday: Date _____/_____/_____

Child's Signature:	Provider's Signature
Date:	Date:

Monday: Date _____/_____/_____

Child's Signature:	Provider's Signature
Date:	Date:

Tuesday: Date _____/_____/_____

Child's Signature:	Provider's Signature
Date:	Date:

Wednesday: Date _____/_____/_____

Child's Signature:	Provider's Signature
Date:	Date:

Thursday: Date _____/_____/_____

Child's Signature:	Provider's Signature
Date:	Date:

Friday: Date _____/_____/_____

Child's Signature:	Provider's Signature
Date:	Date:

Saturday: Date _____/_____/_____

Child's Signature:	Provider's Signature
Date:	Date:

_____

Approval Signature, Title Date