## AGENCY WITH CHOICE BI-WEEKLY PROGRESS NOTES

Individual's Name:	
Service Dates (Pay Period):	Name of Staff:
Amount/Duration of Service per ISP:	Companion, Respite, Homemaker/Chore
Related Outcome Statements:	
Description of services provided, activities indi	ividual participated in, and progress made or skills maintained
toward above outcomes:	
Date Hours	Description of Service
Describe any issues, problems, or barriers related to provision of services: ON BACK OF SHEET	
Is individual making progress or maintaining skills in the above outcomes? YesNo  Please describe recommendations for changes if no progress or regression is occurring: ON BACK OF SHEET	
	Date:

Signature of Support Service Worker: \_\_\_\_\_\_ Date: \_\_\_\_\_