

# Monthly Habilitation Progress Report

**Child Name:** \_\_\_\_\_ **Employee Name:** \_\_\_\_\_ **Month/Year:** \_\_\_\_\_

**Instructions:** Report on each functional outcome by completing **all** boxes. **Use as many pages as needed** to document all current outcomes. In the data boxes, use the codes below to indicate the child's average performance on each date that you worked.

- +** = Independent response (no assistance needed)      *M* = Modeling prompt      *G* = Gestural prompt
- V* = Visual prompt      *A* = Auditory (verbal) prompt      *Ph* = Physical prompt      **—** = No response (unable to prompt)

<b>Functional Outcome:</b>																															
<b>Dates:</b>	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
Describe all teaching strategies being used:															Describe what progress has been made:																
Describe any challenges or barriers to achieving this outcome:															Other comments about this outcome:																

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**Reminder for Parents:** Reports are submitted to DDD as received. Please ensure your habilitator has sufficiently completed this report before signing.

\_\_\_\_\_  
*Employee Signature*      *Date*      *Parent/Guardian Signature*      *Date*      *Name of DDD Support Coordinator*

