

ADVANTAGE COMMUNICATIONS

Outcomes Tracking Sheet

Name: _____

Month: _____

Provider will mark each chart to indicate completed task and describe level of assistance.

Rating Scale

N-No opportunity to perform task

R-Refuses to perform task

H-Hand over hand

V-Verbal direction

I-Independent (no assistance needed)

DATE OF ACTION PLAN:

TARGET DATE FOR COMPLETION/ACHIEVEMENT:

OUTCOME STATEMENT # 1:

PERSONAL CHALLENGES AND OBSTACLES THAT NEED TO BE ADDRESSED IN ORDER TO ACHIEVE THIS DESIRED OUTCOME
 (All listed challenges and obstacles must be addressed through action steps, teaching and support strategies and/or support plans)

ACTION STEPS	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
<i>SKILLS TO LEARN AND TASKS TO DO</i>																															

Progress: _____

Signature of Family Living Provider: _____ Initials: _____

Revised 11/1/12

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DATE OF ACTION PLAN: TARGET DATE FOR COMPLETION/ACHIEVEMENT:

OUTCOME STATEMENT # 2:

PERSONAL CHALLENGES AND OBSTACLES THAT NEED TO BE ADDRESSED IN ORDER TO ACHIEVE THIS DESIRED OUTCOME																														
<i>(All listed challenges and obstacles must be addressed through action steps, teaching and support strategies and/or support plans)</i>																														

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