ADVANTAGE COMMUNICATIONS Outcomes Tracking Sheet

| Name: | | | | | | | | | | | | | M | ontl | า: | | | | | | | | | | | | | | | | | | |
|--|------------|------|----------|------|-----|-------|------|-------|-------|-----|-------|-------|-------|------|-------|------|----|------|------|----|----|----|----|-----|-----------------------|----------|-----|----|----|----|----|----|----|
| Provider will mark each check Rating Scale N-No opportunity to perform task R-Refuses to perform task H-Hand over hand V-Verbal direction I-Independent (no assistant) | rm ti k | ask | , | | com | nplet | ed t | ask a | and · | des | cribe | e lev | vel o | f as | sista | ance | е. | | | | | | | | | | | | | | | | |
| DATE OF ACTION PLAN: OUTCOME STATEMENT # 1: | | | TAR | RGET | DA1 | ΓE F(| OR C | OMP | LETI | ON/ | ACH | IEVE | MEN | IT: | | | | | | | | | | | | | | | | | | | |
| PERSONAL CHALLENGES (All listed challenges and obsta | | | | | | | | | | | | | | | | | | | | | | | | REI |) Ol | JTC | CON | ΛE | | | | | |
| ACTION STEPS SKILLS TO LEARN AND TASKS TO DO | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 7 1 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
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| Progress: | | | | | | | | | | | - | | | | | | | | | | | | | | | | | | | | | | |
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| Signature of Family Liv Revised 11/1/12 | vinş | g Pı | rovi | ider | : | | | | | | | | | | | | In | itia | als: | | | | _ | | | | | | | | | | |

ADVANTAGE COMMUNICATIONS Outcomes Tracking Sheet

| Name: | | | | | | | | | | | | | Mo | onth | : | | | | | | | | | | | | | | | | |
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| 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 # 2: 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 | Q | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| SKILLS TO LEARN AND TASKS TO DO | I | _ | 3 | • | 3 | O | | 0 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 10 | 17 | 10 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 20 | 27 | 20 | 29 | 30 | 31 |
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| Progress: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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ADVANTAGE COMMUNICATIONS Outcomes Tracking Sheet

| Signature of Family Living Provider: | | Initials: |
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