H.O.P.E. Group, LLC **Monthly Habilitation Report-2** **Month/Year: _____ DAYS 16th-31st**

Client Name: _____ Employee Name: _____ Support Coordinator: _____

CLIENTS DATE OF BIRTH: _____

Function: ☐Skill Development ☐Independence ☐Quality of Life **Domain:** ☐Communication ☐Social Skills ☐Self-Help ☐Gross/Fine Motor ☐Memory/Organization

Outcome/Goal 1:

DATA:																
DAY:	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Fill out Habilitation Report-1 for the 1st -15th of the month

KEY: **IR = Independent** **P=PhysicalPrompt** **M= Model Prompt** **V= Verbal Prompt** **G=Gestural Prompt**

Summary of Progress Towards Outcome/Goal 1: Note how the client participated, activities used, any regression, skills/teaching strategies mastered, next step

Function: ☐Skill Development ☐Independence ☐Quality of Life **Domain:** ☐Communication ☐Social Skills ☐Self-Help ☐Gross/Fine Motor ☐Memory/Organization

Outcome/Goal 2:

DATA:																
DAY:	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Fill out Habilitation Report-1 for the 1st -15th of the month

KEY: **IR = Independent** **P=PhysicalPrompt** **M= Model Prompt** **V= Verbal Prompt** **G=Gestural Prompt**

Summary of Progress Towards Outcome/Goal 2: Note how the client participated, activities used, any regression, skills/teaching strategies mastered, next step

Function: ☐Skill Development ☐Independence ☐Quality of Life **Domain:** ☐Communication ☐Social Skills ☐Self-Help ☐Gross/Fine Motor ☐Memory/Organization

Outcome/Goal 3:

DATA:																
DAY:	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Fill out Habilitation Report-1 for the 1st -15th of the month

KEY: **IR = Independent** **P=PhysicalPrompt** **M= Model Prompt** **V= Verbal Prompt** **G=Gestural Prompt**

Summary of Progress Towards Outcome/Goal 3: Note how the client participated, activities used, any regression, skills/teaching strategies mastered, next step

Parent Signature: _____ Date: _____

Employee Signature: _____ Date: _____

Client Name: _____ Employee Name: _____ Support Coordinator: _____

CLIENTS DATE OF BIRTH: _____

Function: □Skill Development □Independence □Quality of Life **Domain:** □Communication □Social Skills □Self-Help □Gross/Fine Motor □Memory/Organization

Outcome/Goal 4:

DATA:																
DAY:	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Fill out Habilitation Report-1 for the 1st -15th of the month

KEY: **IR = Independent** **P=PhysicalPrompt** **M= Model Prompt** **V= Verbal Prompt** **G=Gestural Prompt**

Summary of Progress Towards Outcome/Goal 4: Note how the client participated, activities used, any regression, skills/teaching strategies mastered, next step

Function: □Skill Development □Independence □Quality of Life **Domain:** □Communication □Social Skills □Self-Help □Gross/Fine Motor □Memory/Organization

Outcome/Goal 5:

DATA:																
DAY:	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Fill out Habilitation Report-1 for the 1st -15th of the month

KEY: **IR = Independent** **P=PhysicalPrompt** **M= Model Prompt** **V= Verbal Prompt** **G=Gestural Prompt**

Summary of Progress Towards Outcome/Goal 5: Note how the client participated, activities used, any regression, skills/teaching strategies mastered, next step

Function: □Skill Development □Independence □Quality of Life **Domain:** □Communication □Social Skills □Self-Help □Gross/Fine Motor □Memory/Organization

Outcome/Goal 6:

DATA:																
DAY:	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Fill out Habilitation Report-1 for the 1st -15th of the month

KEY: **IR = Independent** **P=PhysicalPrompt** **M= Model Prompt** **V= Verbal Prompt** **G=Gestural Prompt**

Summary of Progress Towards Outcome/Goal 6: Note how the client participated, activities used, any regression, skills/teaching strategies mastered, next step

Barriers to working on Habilitation goals this month:

Parent Signature: _____ Date: _____

Employee Signature: _____ Date: _____