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| --- |
| **Individual’s Name:      DDS #       Date:** |
| **Waiver Service(s) (*from Summary of Supports and Services*):**  ***#8 Desired Outcome:***  ***Progress made towards Actions and Steps Yes  No  Outcome not addressed  (must comment below)***  *Include information about progress, whether steps should continue or be modified***.**  **A:**  **B:**  **C:**  **D:**  **See Attached**  **Concerns/Comments/ Recommendations:** |
| **Waiver Service(s) (*from Summary of Supports and Services*):**  ***#9 Desired Outcome:***  ***Progress made towards Actions and Steps Yes  No  Outcome not addressed  (must comment below)***  *Include information about progress, whether steps should continue or be modified***.**  **A:**  **B:**  **C:**  **D:**  **See Attached**  **Concerns/Comments/ Recommendations:** |
| **Waiver Service(s) (*from Summary of Supports and Services*):**  ***#10 Desired Outcome:***  ***Progress made towards Actions and Steps Yes  No  Outcome not addressed  (must comment below)***  *Include information about progress, whether steps should continue or be modified***.**  **A:**  **B:**  **C:**  **D:**  **See Attached**  **Concerns/Comments/ Recommendations:** |
| **Waiver Service(s) (*from Summary of Supports and Services*):**  ***#11 Desired Outcome:***  ***Progress made towards Actions and Steps Yes  No  Outcome not addressed  (must comment below)***  *Include information about progress, whether steps should continue or be modified***.**  **A:**  **B:**  **C:**  **D:**  **See Attached**  **Concerns/Comments/ Recommendations:** |