



INDIVIDUAL PROGRESS REVIEW

Individual's Name: _____ **DDS #** _____

Provider: _____ **Submitted By:** _____

Case Manager: _____ **Date:** _____ **Period Covered:** _____ **to** _____

Six Month Annual Other: _____ **Date of next** Review Meeting :

Are there any significant updates or changes regarding the person's status in any of the following Personal Profile Areas?

What's important to know about you? *Accomplishments, Strengths and Thing You Are Most Proud Of* *Relationships* *Home Life*
 Work, Day, Retirement or School *Leisure Interests and Community Life* *Health and Wellness* *Finances* *Future Vision*

Updates/Changes:

Assessments completed-(describe & attach): _____

Assessments needed-(specify): _____

Copies should be sent to: Individual/Family/Guardian, Case Manager, Residential Provider, Day Provider

Waiver Service(s) (from IP.6):
Action Plan (from IP.5)
Issues or Needs:
Desired Outcome:
Progress made towards Actions and Steps (Include information about progress, whether steps should continue or be modified)
A:
B:
C:
D:
 See Attached

Additional Concerns/Comments:
Recommendations:

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