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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:** |