

QUARTERLY PROGRESS REPORT - LEVEL 3

Consumer: \_\_\_\_\_ Period Covered: \_\_\_\_\_ Date of Current IPP: \_\_\_\_\_

***The quarterly report must include a summary of data collected on each ISP objective. Behavioral objectives - describe progress or lack of progress by documenting frequencies, specific exhibited behavior, consequences, use of interventions. Functional skill objectives, description of progress or lack of progress, barriers, and plans for next quarter.***

Current medications (include strength and frequency): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Medical/Dental appointments and hospitalizations (including psychiatric) during last quarter. Summarize all significant information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Summarize community outings/activities, overnight visits, and significant events over the past quarter: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Address each ***training objective*** below.

**Objective #:** \_\_\_\_\_ **(Circle One)** Improved    Maintained    Regressed

Monthly Progress

Month	
Month	
Month	

**Next Quarter:**      Continue Plan: \_\_\_\_\_ Change Needed: \_\_\_\_\_ (Explain below)

Summary: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Objective #: \_\_\_\_\_ (Circle One) Improved \_\_\_\_\_ Maintained \_\_\_\_\_ Regressed

Monthly Progress

Month	
Month	
Month	

Next Quarter: Continue Plan: \_\_\_\_\_ Change Needed: \_\_\_\_\_ (Explain below)

Summary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Objective #: \_\_\_\_\_ (Circle One) Improved \_\_\_\_\_ Maintained \_\_\_\_\_ Regressed

Monthly Progress

Month	
Month	
Month	

Next Quarter: Continue Plan: \_\_\_\_\_ Change Needed: \_\_\_\_\_ (Explain below)

Summary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature/Date