

ATTENDANT CARE PROGRESS NOTES

Individual's Name (*Last, First, M.I.*): _____

ASSISTS ID No.: _____ Support Coordinator's Name: _____

MONTH/YEAR	DAYS OF THE MONTH																															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
ATTENDANT CARE HOURS:																																
																												TOTAL HOURS FOR MONTH:				

Progress/Outcome:

Behavioral Issues:

Medical Issues:

Comments:

Recommendations:

Barriers:

Provider's Signature: _____ Date: _____

Responsible Person's Signature: _____ Date: _____