**Quarterly PROGRESS NOTE (QPN)**

**All information must be entered into QuestionPro (**[**https://qpn.questionpro.com**](about:blank)**). After entering and emailing information to the SC, maintain copy in participant files. If an error occurs, please contact the Provider Support Mailbox (**[**ra-basprovidersupprt@pa.gov**](about:blank)**). Progress should be shared and discussed with participant and team.**

For All Adult Autism Waiver (AAW) Providers

|  |  |
| --- | --- |
| *Participant Demographics* | |
| Participant’s MCI # *(9 digits, no spaces)* | *123456789* |
| Participant’s Initials *(First and Last)* | *SS* |
| Participant’s Residential County | Berks |
| Participant’s Region *(BSASP Regional Office)* | Northeast |
| *Quarter Details* | |
| Plan Effective Date (PED) *(MM/DD/YYYY)* | *4/13/2020* |
| Quarter Being Review for Current Plan Year | **1st 2nd 3rd 4th** |
| Quarter: *Start Date / End Date (MM/DD/YYYY)* | **Start: *7/1/2020***  **End: *9/30/2020*** |
| Number of goals reported on in this QPN | ***2*** |
| *Service Details* | |
| Service for this QPN | SSD/Systematic Skill Building |
| Is Goal Attainment Scaling required for the service? *(BSS, CS w/out SSB, Day Hab, Res Hab, Life Sharing, SSB, Supported Employment, Small Group Employment)* | yes  no |
| Was the service delivered in accordance with the ISP during this quarter? | yes  no  (If no, explain why): |
| Did the service meet the needs and preferences of the participant during this quarter? | yes  no  (If no, explain why): |
| Were any restrictive interventions used during this quarter? | yes  no  (If yes, explain briefly): |
| Describe the impact the service had on the individual’s health, safety, well-being, preferences, and routines during this quarter. | SSB has been able to provide structures instructional plan to implement consistently across all staff who work with Sam, which has increased his quality of life and relationships at home and also at work. |
| *Provider/Staff Details* | |
| Provider Agency for identified service | ***Provider123ABC*** |
| **Staff name completing QPN** | ***Amy Alford*** |
| **Staff title completing QPN** | ***Skill Building Specialist*** |
| **Staff email address completing QPN** | ***Ra-basprovidersupport@pa.gov*** |
| *Supports Coordination (SC) Details* | |
| **SC Agency** | ***SC123ABC*** |
| **SC Name** | ***Lindy Mishler*** |
| **SC Email Address** | ***Ra-basprovidersupprt@pa.gov*** |

|  |  |  |
| --- | --- | --- |
| ***Goal # \_1\_\_****Copy and Paste this chart on additional pages to add as many goals/objectives you have to report* | | |
| Goal Phrase | | Morning Routine |
| Goal Category *(Select 1)* | | ADL  Behavior  Social/Communication  Employment/Education |
| Goal Statement | | Sam will complete steps of his morning routine |
| *REQUIRED FOR GAS SERVICES (BSS, CS w/out SSB, Day Hab, Res Hab, Life Sharing, SSB, Supported Employment, Small Group Employment)* | Expected Outcome for this Quarter | 10/15 steps within 30 minutes |
| Level of Attainment (Select1) | -2  -1  0  +1  +2 |
| Progress Indicator *(Required for all other services except those listed above)* | | Lack of progress (regression)  Progress  No change in progress |
| Progress Summary *(Required for ALL services)* | | Sam is struggling with his morning routine and can only complete 6/15 steps independently within 30 minutes. The remaining steps require multiple prompts to complete. Staff will continue to work on decreasing prompts and increasing steps in the task analysis. |
| Instructional Decision *(Select all that apply)* *(Required for ALL services)* | | |  |  | | --- | --- | | No changes/continue instruction and goal  Improve/change antecedents  Change materials  Change staff delivery of service | Improve motivation  Change environment  Modify/Simplify Instruction and/or goal  Discontinue goal  Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| If you selected -2, -1, lack of progress, no change in progress, AND no change/continue instruction and goal, provide an explanation. *(Required for ALL services)* | | Sam has been sick quite often throughout the quarter and has missed work a number of times. Due to this, he has gotten out of his normal morning routine. Staff will continue to support him to resume his morning routine now that he is healthy and back to work. |
| General Comments/Concerns *(Optional)* | | Sam expressed that he enjoys working with Community Support staff and is grateful that they have been patient and flexible with him during his sickness. |