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|  | DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  **Alternative Living Services Plan and Provider Progress Report Supplement to DSHS form 10-269**  (for additional goals and progress notes) | | | | |  |
| PAGE NUMBER |
| CLIENT’S NAME | | | RELATED PSCP (MM/YY)  THROUGH | | REPORTING PERIOD  Quarter 1  Quarter 3  Quarter 2  Quarter 4 | |
| **Goals must be written in the SMART format (see instructions on form DSHS 10-269 for example).** | | | | | | |
| 8.  SMART Goal:  How is goal progress measured:  Goal begin date: ; Goal end date: | | | | | | |
| 9. Estimated monthly hours for task: | | | | 10. Estimated monthly miles for task: | | |
| **Goal Progress Tracking** | | | | | | |
| 11. CLIENT SKILL LEVEL AT BEGINNING OF REPORTING PERIOD | | 12. INSTRUCTION PROVIDED  Mentoring  Reminders / Prompting  Modeling  Opportunities to Practice  Education  Developing Visual Cues  Experimenting  Step by Step Instruction  Forward Teaching  Backwards Teaching  Other: | | | 13. CLIENT MEASURABLE SKILL LEVEL AT END OF REPORTING PERIOD | |
| 14. COMMENTS / FEEDBACK  Barriers to accomplishing goal:  How is instruction provided supporting client goal progress:  Other comments: | | | | | | |
| 15. Total hours provided monthly in the reporting period: Month 1: Month 2: Month 3: | | | | 16. Total miles provided monthly in the reporting period: Month 1: Month 2: Month 3: | | |
| 8.  SMART Goal:  How is goal progress measured:  Goal begin date: ; Goal end date: | | | | | | |
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