



Customized Community Supports Individual Progress Note

Participant Name: _____

M T W TH F Date: _____

Time Participant In: _____ AM PM **Time Participant Out:** _____ AM PM

Any food or fluid consumed? Yes No If Yes, what food or fluid was consumed: *(include time and ounces of consumption)*:

Please indicate purpose of the food and/or fluid consumption: Breakfast Lunch Snack Dinner

Medication(s) Taken: Yes No If Yes, what

Medication(s): _____ Time(s): _____

Teeth Brushed: Yes No If No, why: _____

Type of assistance for Tooth Brushing: Independent Verbal Hand Over Hand Demonstrated

Does participant have a Bathroom Log: Yes No If yes, was it completed? Yes No

Does participant have a Communication Log: Yes No If yes, was it completed? Yes No

Which Action Step(s) completed today:

1 2 3 4 5. *(remember to fill out data sheet)*

How was the Action Step(s) completed? *(include how you assisted the participant with the action step)*

If **No** Action Step(s) where completed, why?

Community Outings/ Activities (include how you assisted the participant with the activity): _____

Why was this meaningful to the participant today? What was liked/disliked?:

CCSI DSP Signature
(reviewed)

Date

Service Coordinator Signature

Date