

### Residential Progress Note – Additional Goals

Instructions: Complete as necessary for additional goals/objectives. Attach to the daily Residential Progress Note – will not be accepted separately.

<b>Consumer Name:</b> _____	<b>Consumer Number:</b> _____	<b>Date:</b> _____
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<b>Goal #:</b> _____			<b>Objective:</b> _____		
<input type="checkbox"/> Independent	<input type="checkbox"/> Verbal Prompts	<input type="checkbox"/> Dependent	<input type="checkbox"/> Physical Prompts	<input type="checkbox"/> Demonstration	<input type="checkbox"/> Other
<b>Comments:</b> 					

<b>Goal #:</b> _____			<b>Objective:</b> _____		
<input type="checkbox"/> Independent	<input type="checkbox"/> Verbal Prompts	<input type="checkbox"/> Dependent	<input type="checkbox"/> Physical Prompts	<input type="checkbox"/> Demonstration	<input type="checkbox"/> Other
<b>Comments:</b> 					

<b>Goal #:</b> _____			<b>Objective:</b> _____		
<input type="checkbox"/> Independent	<input type="checkbox"/> Verbal Prompts	<input type="checkbox"/> Dependent	<input type="checkbox"/> Physical Prompts	<input type="checkbox"/> Demonstration	<input type="checkbox"/> Other
<b>Comments:</b> 					

<b>Goal #:</b> _____			<b>Objective:</b> _____		
<input type="checkbox"/> Independent	<input type="checkbox"/> Verbal Prompts	<input type="checkbox"/> Dependent	<input type="checkbox"/> Physical Prompts	<input type="checkbox"/> Demonstration	<input type="checkbox"/> Other
<b>Comments:</b> 					

<b>Goal #:</b> _____			<b>Objective:</b> _____		
<input type="checkbox"/> Independent	<input type="checkbox"/> Verbal Prompts	<input type="checkbox"/> Dependent	<input type="checkbox"/> Physical Prompts	<input type="checkbox"/> Demonstration	<input type="checkbox"/> Other
<b>Comments:</b> 					

<b>Goal #:</b> _____			<b>Objective:</b> _____		
<input type="checkbox"/> Independent	<input type="checkbox"/> Verbal Prompts	<input type="checkbox"/> Dependent	<input type="checkbox"/> Physical Prompts	<input type="checkbox"/> Demonstration	<input type="checkbox"/> Other
<b>Comments:</b> 					

<b>Goal #:</b> _____			<b>Objective:</b> _____		
<input type="checkbox"/> Independent	<input type="checkbox"/> Verbal Prompts	<input type="checkbox"/> Dependent	<input type="checkbox"/> Physical Prompts	<input type="checkbox"/> Demonstration	<input type="checkbox"/> Other
<b>Comments:</b> 					

Instructions: When the form is complete, sign and date. Your signature represents your acceptance and approval of information on the form.

<b>Signature:</b> _____	<b>Date:</b> _____
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