

**CLASP CONSUMER SIX MONTH PROGRESS REPORT
UNITED CEREBRAL PALSY ASSOCIATION
OF GREATER SACRAMENTO, INC.**

191 Lathrop Way, Suite N Sacramento, CA 95815
(916) 565-7700

Date:

Consumer's Name:

Referring Agency: Alta California Regional Center

Regional Center Counselor:

CLASP Instructor:

Progress reports should provide an overall picture of the ILS services in the past six months. Give a brief narrative describing consumer's living and working situation during the last six months. Include any involvement with others agencies (discussing consumer's activities and dealings) such as supported employment or IHSS, etc. Also discuss consumer's motivation towards participation during the last six months.

Concerns and/or problems which surfaced during this period.

How often did you meet with the consumer? (Once, twice, or three times a week, for how many hours each meeting?)

Does the consumer keep appointments with CLASP Instructor? If not, why?

Brief progress update on individual training goals for the past 6 months.

Major Areas of training and hours recommended for next 6-month period? State area then amount of time recommended (state times recommended in terms of hours per month).

Length of time and number of hours recommended individual appointments with the consumer (for example, once a week for approximately two hours).

CLASP Instructor: