



United Cerebral Palsy Of Greater Sacramento, Inc.

CLASP ILS Monthly Progress Notes

Consumer:		UCI:		POS Hrs:		Mo/Yr:	
Instructor:		Service Coordinator:					

Consumer's goals for current 6-month period and the number of meetings that addressed each goal:					
1.	#	2.	#	3.	#
4.	#	5.	#	6.	#

Number of face to face contacts:	
---	--

Date & Goal	Briefly describe each task, ILS activity, appointment, location, and outcome.

Date &Goal	Briefly describe each task, ILS activity, appointment, location, and outcome.

**Barriers or other issues that may positively or negatively affect the person's progress.
(Include dates of unplanned cancellations/no-shows.)**

--

Date:	Appointments:

Additions or changes to the Consumer's long-term situation or supports:	
Address or phone:	
Finances or employment:	
Family:	
Service providers:	
Current Health Providers (Including mental health and any related medications or other treatments):	

--

Rev. 1/31/07