

Gateway TFC

BASIC LIVING SKILLS PROGRESS REPORT

(Include each category of Basic Living Skills provided in the daily Progress Report)

Child's Name: _____ Child's Age: _____ Foster Parent: _____ Provider #: _____ Case #: _____

Category	Sunday			Monday			Tuesday			Wednesday			Thursday			Friday			Saturday		
	Date	Units	Setting	Progress	Date	Units	Setting	Progress	Date	Units	Setting	Progress	Date	Units	Setting	Progress	Date	Units	Setting	Progress	
H0036 Individual = I H0036-HQ Group = G																					
1. Personal Hygiene																					
2. House Keeping																					
3. Meal Preparation																					
4. Shopping																					
5. Laundry																					
6. Money Management																					
7. Healthy Life-Style																					
8. Stress Management																					
9. Use of Public Transportation																					
10. Medication Management																					
11. Behavior Education																					
Total Daily Units																					

UNITS	TIME	UNITS	TIME
1 unit	= 15 minutes	11 units	= 2 hours & 45 minutes
2 units	= 30 minutes	12 units	= 3 hours
3 units	= 45 minutes	13 units	= 3 hours & 15 minutes
4 units	= 1 hour	14 units	= 3 hours & 30 minutes
5 units	= 1 hour & 15 minutes	15 units	= 3 hours & 45 minutes
6 units	= 1 hour & 30 minutes	16 units	= 4 hours
7 units	= 1 hour & 45 minutes	17 units	= 4 hours & 15 minutes
8 units	= 2 hours	18 units	= 4 hours & 30 minutes
9 units	= 2 hours & 15 minutes	19 units	= 4 hours & 45 minutes
10 units	= 2 hours & 30 minutes	20 units	= 5 hours

Setting Codes: 1 = Home 2 = School 3 = Treatment Facility 4 = Community 5 = Other (Describe) _____

Progress Codes: A = Progress Noted B = Progress Maintained C = Regression

*******SERVICES PROVIDED MUST BE CONSISTENT WITH DHR's ISP*******

Date Received & Initials: _____

Revised Date: 8/9/2017

Gateway TFC
Basic Living Skills Daily Progress Report

Describe specific activities performed when training and assisting a child to develop or maintain skills in the Basic Living Skill Categories and include how it relates to the child's treatment goals. Also include start and end times for each type of Basic Living Skills category documented on the grid.

Date _____ / _____ / _____

Instructions: List the Category of BLS, Time of Day, Intervention (*What did you do?*) and Child Response to Each Intervention:

Approved Buzz Words (Intervention): Accompanied, Accomplished, Achieved, Advanced, Advised, Aided, Assisted, Attended, Augmented, Backed, Balanced, Boosted, Braced, Brainstormed, Clarified, Coached, Collaborated, Comforted, Consoled, Consulted, Contributed, Cooperated, Demonstrated, Discussed, Encouraged, Expedited, Facilitated, Familiarized, Guided, Instilled, Maintained, Mentored, Modeled, Negotiated, Provided, Reassured, Role-Played, Supplied, Reinforced, Supported

Child's Signature: _____

Date: _____

Provider's Signature: _____

Date: _____

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Child's Signature:	Provider's Signature:
Date:	Date:

Approval Signature, Title _____ Date _____ Number of Gateway Transports _____