**AGENCY NAME/LOGO/LETTERHEAD**

**Monthly Progress Report**

**(Monthly report should be on Provider Letterhead)**

**Report Period:\_\_\_\_\_\_\_****1\_\_\_\_\_\_\_\_**

 **Date to Date**

|  |  |
| --- | --- |
| **Parent(s) Name** | **2** |
| **Child(ren)** | **3** |
| **Referral Agency:** **(\_\_\_\_\_County DCS or \_\_\_\_\_County Probation Office)** | **4** |
| **Case Manager/Probation Officer:** | **5** |
| **List Service Standard**  | **Provider Agency Staff for each Service** |
| **6** | **7** |
|  |  |
|  |  |

***Complete the following information for each DCS service standard***

|  |  |
| --- | --- |
| **Service Provide (Service Standard)** | **8** |
| **Begin/End Date of Referral:** | **9** |
| **Service Provider Staff** | **10** |
| **Number of Service Unit Authorized** | **11** |
| **Number of service units delivered to end of report period** | **12** |
| **Contact Date** | **Start Time** | **End Time** | **Duration** | **Activity Description** | **Method** | **Location** | **Those Present** |
| **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**29 Reason for Referral and Presenting Issues:**

**30 Family Functional Strengths:**

**31 Overall recommendation and progress summary:**

|  |  |
| --- | --- |
| **Report Period** | **32** |
| **Number of Appointments Canceled by Family** | **33** |
| **Number of Appointments Canceled by Provider** | **34** |
| **No Shows** | **35** |

***Complete the following for each Goal: (Duplicate as needed)***

|  |
| --- |
| **36 DCS Service Goal:** |
| **37 Narrative Discussion of Services provided for this goal during month:** |
| **38 Progress Summary toward goal:** |
| **39 Family cooperativeness:** |
| **40 Recommendation regarding services for goal****(Continue: Reason or End: Reason)** |

**41** **42**

**Signature Date:**