Quarterly Progress Report

(The initial service plan shall be reviewed within 60 days of the initial plan and within each 90-day period thereafter and revised as necessary.)

Name of Resident: ________________________________________________________

Date of Initial Service Plan: _________ Date This Progress Review Developed: _______

Resident’s Progress Toward Meeting Service Plan Objectives (Address individual objectives here, as described in most recent service plan or progress report):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Family’s Involvement: _____________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Resident’s Continuing Needs: _______________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Resident’s Progress Toward Discharge: _______________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Status of Discharge Planning: ______________________________________________
________________________________________________________________________
________________________________________________________________________
The information below documents involvement in developing this Quarterly Progress Report (QPR) and distribution of the QPR. If the QPR was not distributed to these individuals, the reason is listed in the comment section below.

<table>
<thead>
<tr>
<th>Relationship to resident</th>
<th>Name of person</th>
<th>Date</th>
<th>Plan distribution made:</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident (self)</td>
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<tr>
<td>Resident’s family, if appropriate</td>
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<tr>
<td>Legal guardian</td>
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<tr>
<td>Placing agency representative</td>
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<tr>
<td>Facility staff</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

__________________________   ______________
Signature of person who developed this QPR           Date