Supported Employment Progress Notes

Consumer Name: ___________________________  Consumer ID: ______________

Supports Employment Goal/Objective in PCP:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Date: ________________  Start Time: ________________  Stop Time: ________________

Please provide a narrative on what occurred with this consumer (so if an outsider were reading this, they would be able to reconstruct your shift). If additional space is needed, please use the back side of this progress note.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

________________________________________________________________________

Staff Signature/Credentials  Date

Date: ________________  Start Time: ________________  Stop Time: ________________

Please provide a narrative on what occurred with this consumer (so if an outsider were reading this, they would be able to reconstruct your shift). If additional space is needed, please use the back side of this progress note.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

________________________________________________________________________

Staff Signature/Credentials  Date

Date: ________________  Start Time: ________________  Stop Time: ________________

Please provide a narrative on what occurred with this consumer (so if an outsider were reading this, they would be able to reconstruct your shift). If additional space is needed, please use the back side of this progress note.

________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________

Staff Signature/Credentials  Date