



Inclusion Bi-Weekly Progress Report

Date: _____ Staff Name: _____ Participant Name: _____

Park District: _____ Program Name: _____

Physical Skills	<input type="checkbox"/> Independent <input type="checkbox"/> Minimal Assistance Needed Please specify: _____ _____ _____	<input type="checkbox"/> Full Assistance Needed Please specify, including any adaptations or adapted equipment provided: _____ _____ _____									
Social Interaction	<input type="checkbox"/> Independent <input type="checkbox"/> Minimal Prompting <input type="checkbox"/> Full Assistance Needed Did they initiate interactions with others? YES/NO Did they join in group settings? YES/NO	Circle Participant's Preferred Communication Style: Verbal Communication Device Sign Language / Gestures									
Cognitive and Emotional Skills	Participant Can Independently (circle all that apply): <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">-Control Frustration</td> <td style="width: 33%;">-Apologize When Needed</td> <td style="width: 33%;">-Process Emotions</td> </tr> <tr> <td>-Follow Directions</td> <td>-Wait/Show Patience</td> <td>-Calm Self if Upset</td> </tr> <tr> <td>-Take Turns</td> <td>-Request Help</td> <td>-Cope With Change</td> </tr> </table>		-Control Frustration	-Apologize When Needed	-Process Emotions	-Follow Directions	-Wait/Show Patience	-Calm Self if Upset	-Take Turns	-Request Help	-Cope With Change
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-Follow Directions	-Wait/Show Patience	-Calm Self if Upset									
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Participation	<input type="checkbox"/> Independent <input type="checkbox"/> Minimal Prompting	<input type="checkbox"/> Full Assistance Needed <input type="checkbox"/> Activities: _____ _____ _____									

Positive Behaviors/Progress:

Challenging Behaviors:

How did you help the participant overcome any challenging behaviors? Please specify:

Additional Comments/Questions:

Please submit this form (with your timesheet) to:

Tracy Gillingham, Inclusion Manager

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