

TO ALL CONTRACTED THERAPY AGENCIES

CHANGES MADE TO QUARTERLY REPORT AS REQUESTED BY THE HEALTH AND HUMAN SERVICES COMMISSION

- A. Measurable Goals/Objectives, Base Line Data, frequency and duration must be stated clearly
- B. Must be dated the day the quarterly was done
- C. Progress toward goals must be clearly stated
- D. Treatment Plans must be clearly stated
- E. Must show months the quarterly covers example April, May and June
- F. All therapist names must be printed or typed
- G. Must include the number of missed visit for that quarter and the reason for missed visits
- H. Each quarterly must be different for the previous quarterly no duplicates
- L. ALL QUARTERLY REPORTS MUST BE LEGIBLE**

Call me with any questions

GLADYS WADE, ADMINISTRATOR  
PROGRAM DIRECTOR  
281-250-3535 CELL

Astrocare CLASS

**QUARTERLY SUMMARY - Goals, Progress & Treatment**

**Client:** John Doe **Therapist:** Jane Smith, CTRS **Discipline:** Rec **Diagnosis:** Autism

**Date of Assessment:** 1/1/2021 **Review Period (Quarter/Year):** 3<sup>rd</sup>/2022

*To add more information than space allows, attach a separate page of paper.*

**Initial/annual evaluation of deficits and needs. Taken from 8606A addendum**

Client is a 35 y/o male, DOB 7/31/1986 with a diagnosis of Autistic Disorder. Due to client's diagnosis, client demonstrates poor social skills and/or awareness creating difficulty to develop sustainable relationships, lack of initiative or structure to participate in physically exerting activities and poor community participation and/or awareness.

**Frequency AND Duration of visits:**

1x a week for 3 hours

**Coordination of Care:**

Recreational therapy helps client participate in social settings, community, and at home with greater ease and enhances other therapies and improves overall health.

**# 1 Baseline Data:** Client demonstrates poor social skills/awareness/cues i.e. inappropriate topics of discussion, scattered eye contact, history of poor boundaries, attention-seeking behavior, inability to approach others without assistance from family or familiar person and lack of social circle for **100%** of the time.

**Goal:** Improve cognitive skills to enhance age and socially appropriate interaction reducing isolation by **50%**.

**Measurable Objectives:** Client will participate in cognitive stimulating activities, including planning and programming socially active games or exercises, for **30 to 45** minutes per session, with assistance as needed and positive, verbal reinforcements and feedback from therapist.

**# 2 Baseline Data:** Client demonstrates poor physical conditioning i.e. a lack of participation or engagement in any forms of exercising or physical activities for **100%** of the time.

**Goal:** Improve physical functioning, coordination-strength and endurance by **50%**

**Measurable Objectives:** Client will attend and participate in 1 diagnosis specific physical fitness activities for **30 to 45** minutes episodes at a time in weekly sessions, with therapist providing specific guided instructions.

**# 3 Baseline Data:** Client demonstrates insufficient participation in personal leisure interest and does not adequately or consistently participate in purposeful community activities for **100%** of the time.

**Goal:** Increase social activities and reduce isolation by **50%**

**Measurable Objectives:** Client will be taken into community setting(s) for purposeful/therapeutic outings for a minimal of **3** out of **4** sessions a month to improve community participation and prevent isolation.

<b>Client Participation:</b>	Client actively participates in recreational therapy sessions when provided by CTRS on a weekly basis.		
<b># of Missed Visits:</b>	2	<b>Reason(s) for Missed Visit(s):</b> (If the client missed multiple visits for a variety of reasons, then please document all the reasons.)	1x for doctors appt, 1x for out of town
<b>Treatment provided to address identified needs for Goal #1:</b> Cognitive task and activities to enhance appropriate social interaction with peers. Volunteer in the community with assistance from therapist. Introduce client to new opportunity to expand overall self-awareness.		<b>Current Progress Goal # 1:</b> Client continues to display poor social skills/awareness/cues i.e. inappropriate topics of discussion, scattered eye contact, history of poor boundaries, attention-seeking behavior, inability to approach others without assistance from family or familiar person and lack of social circle for 100% of the time. <input type="checkbox"/> Met <input checked="" type="checkbox"/> Unmet Goal <input type="checkbox"/> Revised; Specify Revision:	
<b>Treatment provided to address identified needs for Goal #2:</b> Community education, exploration and participation in physical fitness activities. Leisure education to increase independent leisure functioning.		<b>Current Progress Goal # 2:</b> Client demonstrates poor physical conditioning i.e. lack of participation or engagement in any forms of exercising or physical activities for 100% of the time. <input type="checkbox"/> Met <input checked="" type="checkbox"/> Unmet Goal <input type="checkbox"/> Revised; Specify Revision:	
<b>Treatment provided to address identified needs for Goal #3:</b> Client will be taken into community to increase active level of participation and social engagement with positive reinforcement and feedback.		<b>Current Progress Goal # 3:</b> Client attends and participates in the community setting(s) for purposeful/therapeutic outings for 3 out of 4 sessions a month to improve community participation and prevent isolation <input type="checkbox"/> Met <input checked="" type="checkbox"/> Unmet Goal <input type="checkbox"/> Revised; Specify Revision:	

Therapist Printed Name: Jane Smith, CTRS

Signature: \_\_\_\_\_

Date: 4/25/2022

DSA Representative Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*Date sent to CMA must be within 5 business days of the quarterly summary being completed/signed by the therapist\*