QUARTERLY REPORT SUMMARY

PARTICIPANT: _____ **THERAPY SERVICE:** _____

DIAGNOSIS: _____

FREQUENCY: _____ CONTINUE CURRENT FREQUENCY: ☐ YES ☐ NO

 # OF MISSED VISITS:

REASON FOR MISSED VISITS:

1. **GOAL/ OBJECTIVE:**

BASELINE/ PROGRESS/ CURRENT STATUS:

☐ MET ☐ NOT MET ☐ CONTINUED ☐ REVISED ☐ D/C

REASON NOT MET:

2. **GOAL/ OBJECTIVE:**

BASELINE/ PROGRESS/ CURRENT STATUS:

☐ MET ☐ NOT MET ☐ CONTINUED ☐ REVISED ☐ D/C

REASON NOT MET:

3. **GOAL/ OBJECTIVE:**

BASELINE/ PROGRESS/ CURRENT STATUS:

☐ MET ☐ NOT MET ☐ CONTINUED ☐ REVISED ☐ D/C

REASON NOT MET:

PARTICIPANT: _____

4. GOAL/ OBJECTIVE:

BASELINE/ PROGRESS/ CURRENT STATUS:

☐ MET ☐ NOT MET ☐ CONTINUED ☐ REVISED ☐ D/C

REASON NOT MET:

5. GOAL/ OBJECTIVE:

BASELINE/ PROGRESS/ CURRENT STATUS:

☐ MET ☐ NOT MET ☐ CONTINUED ☐ REVISED ☐ D/C

REASON NOT MET:

ADDITIONAL COMMENTS: (Include client's problem areas/ limitations & therapy interventions**)**

REVISED / NEW GOALS: (For each goal listed above that you are replacing or revising, list that goal in the same number below)

1.

2.

3.

4.

5.

TYPE NAME: _____

THERAPIST SIGNATURE: _____ DATE: _____