

OUR ULTIMATE MEASURE
OF SUCCESS
“...we succeed when people reach their
outcomes. This keeps us working and
making continuous changes in our practice
to achieve our mission.”



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Progress Note

Name of Person Receiving Support:	
Date of Service:	
Time of Service:	From: _____ am/pm To: _____ am/pm
Description of Service Provided (Brief description about what occurred during this time period):	

Staff Signature

Staff Signature