

Catholic Charities Disabilities Services
Residential Habilitation Monthly Summary Note

Consumer: _____

Month/Year: _____

Valued Outcome Please write Valued Outcome exactly as written in Residential Habilitation plan.	Methods/ Materials Codes Method Codes: {C/I=Consumer initiated},{P/I=Provider initiated}, {P=Planned} Materials Codes: {V/P=Verbal prompts},{PP= Physical Prompts}, {M=Modeled},{P/A=Physical Assistance}, {NPN=No Prompts Needed}	Consumer response: Please note progress, regression, and/or maintenance of skill level. Please note any new experiences and the response; positive, negative, or indifferent. Note any behavioral incidents as it pertains to this valued outcome.
	Method Codes Material Codes /	
	Method Codes Material Codes /	
	Method Codes Material Codes /	
	Method Codes Material Codes /	

Additional Comments:

RSP's Signature Date Initials

Residential Habilitation Coordinator Date