

VIRGINIA DEPARTMENT OF SOCIAL SERVICES-DIVISION OF LICENSING PROGRAMS
MODEL FORMAT DEVELOPED FOR CHILDEN'S RESIDENTIAL FACILITIES

Quarterly Progress Report

(The initial service plan shall be reviewed within 60 days of the initial plan and within each 90-day period thereafter and revised as necessary.)

Name of Resident: _____

Date of Initial Service Plan: _____ Date This Progress Review Developed: _____

Resident's Progress Toward Meeting Service Plan Objectives (*Address individual objectives here, as described in most recent service plan or progress report*): _____

Family's Involvement: _____

Resident's Continuing Needs: _____

Resident's Progress Toward Discharge: _____

Status of Discharge Planning: _____

The information below documents involvement in developing this Quarterly Progress Report (QPR) and distribution of the QPR. If the QPR was not distributed to these individuals, the reason is listed in the comment section below.

Relationship to resident	Name of person	Date	Plan distribution made:	Comments
Resident (self)			<input type="checkbox"/> at ISP mtg. <input type="checkbox"/> via fax <input type="checkbox"/> via mail <input type="checkbox"/> other	
Resident's family, if appropriate			<input type="checkbox"/> at ISP mtg. <input type="checkbox"/> via fax <input type="checkbox"/> via mail <input type="checkbox"/> other	
Legal guardian			<input type="checkbox"/> at ISP mtg. <input type="checkbox"/> via fax <input type="checkbox"/> via mail <input type="checkbox"/> other	
Placing agency representative			<input type="checkbox"/> at ISP mtg. <input type="checkbox"/> via fax <input type="checkbox"/> via mail <input type="checkbox"/> other	
Facility staff			<input type="checkbox"/> at ISP mtg. <input type="checkbox"/> via fax <input type="checkbox"/> via mail <input type="checkbox"/> other	
Other			<input type="checkbox"/> at ISP mtg. <input type="checkbox"/> via fax <input type="checkbox"/> via mail <input type="checkbox"/> other	

Signature of person who developed this QPR

Date