



## Inclusion Bi-Weekly Progress Report

Date: \_\_\_\_\_ Staff Name: \_\_\_\_\_ Participant Name: \_\_\_\_\_

Park District: \_\_\_\_\_ Program Name: \_\_\_\_\_

<b>Physical Skills</b>	<input type="checkbox"/> <b>Independent</b> <input type="checkbox"/> <b>Minimal Assistance Needed</b> Please specify: _____ _____ _____	<input type="checkbox"/> <b>Full Assistance Needed</b> Please specify, including any adaptations or adapted equipment provided: _____ _____ _____									
<b>Social Interaction</b>  Did they initiate interactions with others? YES/NO  Did they join in group settings? YES/NO	<input type="checkbox"/> <b>Independent</b> <input type="checkbox"/> <b>Minimal Prompting</b> <input type="checkbox"/> <b>Full Assistance Needed</b>	<b>Circle Participant's Preferred Communication Style:</b> Verbal Communication Device Sign Language / Gestures									
<b>Cognitive and Emotional Skills</b>	<b>Participant Can Independently (circle all that apply):</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">-Control Frustration</td> <td style="width: 33%;">-Apologize When Needed</td> <td style="width: 33%;">-Process Emotions</td> </tr> <tr> <td>-Follow Directions</td> <td>-Wait/Show Patience</td> <td>-Calm Self if Upset</td> </tr> <tr> <td>-Take Turns</td> <td>-Request Help</td> <td>-Cope With Change</td> </tr> </table>		-Control Frustration	-Apologize When Needed	-Process Emotions	-Follow Directions	-Wait/Show Patience	-Calm Self if Upset	-Take Turns	-Request Help	-Cope With Change
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<b>Participation</b>  Did they actively participate? YES/NO  (If Yes, list activities on the lines to the right. If No, provide a reason why.)	<input type="checkbox"/> <b>Independent</b> <input type="checkbox"/> <b>Minimal Prompting</b>	<input type="checkbox"/> <b>Full Assistance Needed</b> <input type="checkbox"/> <b>Activities:</b> _____ _____ _____									

**Positive Behaviors/Progress:**

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**Challenging Behaviors:**

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**How did you help the participant overcome any challenging behaviors? Please specify:**

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**Additional Comments/Questions:**

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Please submit this form (with your timesheet) to:

Tracy Gillingham, Inclusion Manager

Fax: 847-966-8340

[tgillingham@mnasr.org](mailto:tgillingham@mnasr.org)