

**CDS State IEU**

146 State House Station

Augusta, Maine 04333

Phone: (207) 624-6660

**PROGRESS MONITORING FORM**

|  |  |  |  |  |  |  |  |  |
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| Child’s Name: | Click here to enter text. | | | | DOB: | Click here to enter text. | Case-e ID: | Click here to enter text. |
| Reporting Period: | | Click here to enter text. | Service Provider: | Click here to enter text. | | | | |
| **Mail or fax this form to the CDS site serving the child.** | | | | | | | | |

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| Instructions:  Evaluate the progress on the goal by checking the appropriate box. | | **4** | **3** | **2** | **1** | Current Data / Objectives | **N/A**  Goal not being addressed at this time. |
| <25% | 26-50% | 51-75% | Met |
| GOAL | Click here to enter text. |  |  |  |  | Click here to enter text. |  |
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| GOAL | Click here to enter text. |  |  |  |  | Click here to enter text. |  |
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| GOAL | Click here to enter text. |  |  |  |  | Click here to enter text. |  |
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| Number of Expected Sessions: | Click here to enter text. | Number of Missed and Not Re-scheduled Sessions: | |
|  |  | Cancelled by Parent / Child: | Click here to enter text. |
| Number of Sessions Attended: | Click here to enter text. | Cancelled by Provider: | Click here to enter text. |
|  |  | Cancelled for other reason: | Click here to enter text. |
|  |  | Other reason description: | Click here to enter text. |

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| Comments: | Click here to enter text. |

Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter text.

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| CC: | Click here to enter text. |