



J. Arthur Trudeau Memorial Center

"Promoting an enhanced quality of life for individuals with developmental disabilities"

Shared Living Program Monthly Progress Report

Name of Individual:

Month of _____, 20__

Home Provider:

Briefly describe what happened this month, including work issues, medical issues, special events and accomplishments etc.

List all medical appointments and any appts. for prescribed therapies

<u>Date</u>	<u>Physician/Therapist</u>	<u>Reason for Appt.</u>	<u>Result</u>
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Describe any contact with the individual's employer or people responsible for the individual's activities during the day.