

# MONTHLY SUMMARY REPORT

CLIENT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ CHAPTER \_\_\_\_\_

PARENTS OR SPOUSES NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_ ZIP \_\_\_\_\_

CELL ( \_\_\_\_\_ ) \_\_\_\_\_ EMAIL \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_ DATE OF LAST EVALUATION \_\_\_\_\_ LAST EVALUATION DONE BY \_\_\_\_\_

**\*Monthly Summary Reports and Weekly Program Data Forms are due on the last day of each month**

**1. WHAT PERCENTAGE OF THE CLIENT'S TOTAL PROGRAM HAS BEEN COMPLETED THE LAST EVALUATION?** \_\_\_\_\_  
 (Example: if your program has 10 activities with frequencies of 4 and you generally get in 2 sequences a day, your percentage would be 50%. If you are only getting these 2 sequences accomplished 4 days per week, your % would be 40%)

**2. LIST ANY HEALTH PROBLEMS OR EXTENUATING CIRCUMSTANCES THAT HAVE LIMITED YOUR COMPLETION OF PROGRAM ACTIVITIES SINCE THE LAST EVALUATION:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. ARE THERE ANY PARTS OF THE PROGRAM YOU HAVE BEEN UNABLE TO ACCOMPLISH?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. IF APPLICABLE, PLEASE REPORT THE FOLLOWING:**

|                                    |                                  |
|------------------------------------|----------------------------------|
| auditory digit span/sequence _____ | visual digit span/sequence _____ |
| reverse auditory digit span _____  | reverse visual digit span _____  |
| Books: reading _____ page _____    | italics _____ page _____         |
| math _____ page _____              | science _____ page _____         |
| what your _____ grader             | others _____ page _____          |
| needs to know _____ page _____     | others _____ page _____          |

***If you have specific questions or concerns, please call or email your support contact.***