

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.