

Policy and Procedure Concerning Individual Program Plan, Development,
Amendment and Review
Appendix C

MONTHLY REVIEW OF THE CURRENT IPP

IPP REVIEW PROGRESS SHEET

Monthly, the Supervisor Assistant will complete the IPP Review Progress Sheet except when done by the Support Supervisor.

This form will be used to record the short term objectives and the staff objectives authorized by the IPP Team. The area program may choose Form A or Form B.

Throughout the IPP year, the form will be updated as objectives are passed, discontinued, revised, etc. The form will be made available to Services Coordination at or prior to the Semi-Annual IPP. The form may be used as the Summary of Progress for the Annual IPP.

This form may be kept in the individual's working file or in a separate file in the area office.

Instructions

Top two lines of the form are self-explanatory.

1. Objective: Write the skill to be taught and the progression.
Toothbrushing/3 prompts
Toothbrushing/5 prompts
Toothbrushing/7 prompts, etc.
2. Stat: Status of the objective. See key at bottom of form.
3. Imp. Date: Date objective was implemented.
4. Term Date: Date objective was passed or discontinued.
5. Revised Date: Date method and/or objective was revised.
6. Days test: The number of days per week/month the program methodology requires testing of the skill (data collected).
7. +/-: Explained in the key at the bottom of the form.
8. %: The monthly progress computed in percentage form.

IPP REVIEW COMMENT SHEET

The Supervisor Assistant will use this form to document the monthly IPP review.

The date will be noted at the beginning of the comments for the month. The issues needing discussed, action to be taken, and other relevant data will be recorded per the IPP Monthly Review Checklist. At the end of the entry, the Supervisor Assistant will initial. The initials are verified on the bottom of the comment sheet.

After the review has been completed, the Supervisor Assistant will report any comments or concerns to the supervisor. If any additional action is taken, it will be recorded on the comment sheet.

MONTHLY REVIEW CHECKLIST

1. **Programs taught and tested as scheduled?**

- A. Correct number of trials conducted
- B. Correct number of sessions conducted
- C. +'s to criterion column correct
- D. Sessions initialed/dated
- E. Program/Objective implemented within timelines
- F. Individual on the correct objective
- G. Staff initials verified with signatures
- H. Data collected per the methodology

2. **Is the individual progressing?**

- A. Is the program too hard or too easy? Is the person receiving all "+’s" or all "0’s"?
- B. Is the criterion too high or too low? i.e., 100% expected for a very long time?
- C. Is the number of consecutive sessions a reasonable number?
- D. Is the person functioning at a criterion level of a future objective?

What action needs to be taken to address these issues?

3. **Have there been any changes in the person’s life that may have impacted her/his progress?**

- A. Medical/Illness
- B. Maladaptive Behaviors
- C. Family/Friend
- D. Vacation/Holiday
- E. Employment
- F. Personal Moves
- G. Other

Please explain.

4. **Is the skill taught in both day and residential settings? If so, are they consistent?
Are there concerns?**

5. **Do any revisions need to be made in the objectives and/or methodologies?**

6. **Is an addendum meeting needed?**

6/99
5/01
8/02
9/05