

Community Independence Progress Notes

Client Name:
CSS Name:
CSS Supervisor:
Date:

Session Time (Hours):
Indirect Time (Hours):
Travel (Hours):
Mileage:
Total Expenses:

Activity Type: **Face-to-Face Meeting**
 Team Meeting Training Documentation Supervision Miscellaneous
 Cancellation within 24 hours Reason:

Summary of Activity:

| |
|---------------------|
| Client Goals |
|---------------------|

Goal 1:

Goal Met:

Goal Not Met:

Goal 2:

Goal Met:

Goal Not Met:

Goal 3:

Goal Met:

Goal Not Met:

Goal 4:

Goal Met:

Goal Not Met:

Goal 5:

Goal Met:

Goal Not Met:

Client Goals & Additional Client Information

Goal 6:

Goal Met:

Goal Not Met:

Goal 7:

Goal Met:

Goal Not Met:

Additional Information:

Plan:

Certification: This is to certify that I provided the services recorded or that I completed all the work required according to expectations

Service Provider Signature:

Date: