

## HABILITATION DATA FORM #5 INSTRUCTIONS

The purpose of this document is to record the progress of the client in the areas of functional skill acquisition; according to the ISP, agreed upon & determined by the team.

Chart the information as directed by the criteria of the objective(s). Submit monthly.

### **Directions:**

#### **Top Section:**

Enter the Skill.

Enter the measurable objective as written in the Skill Plan.

Enter the Start Date.

Enter the Target Date: The date that you expect the person will meet the criteria of the objective.

#### **Chart:**

Enter the steps of the objective.

Enter each date you provide service.

In the split box below the date, enter the Letter corresponding to the Level of Assistance provided.

Enter the Symbol corresponding to the Level of Completion.

#### **DATA KEY:**

##### **LEVEL OF ASSISTANCE (L.A.)**

I = Independent

V = Verbal Cue/Sign

G = Gesture, Verbal Cue/Sign

M = Model, Gesture & Verbal Cue/Sign

L = Light Physical Assist, Model, Gesture, Verbal Cue/Sign

P = Full Physical Assist (hand under hand guidance) Model, Gesture, Verbal Cue/Sign

##### **LEVEL OF COMPLETION (L.C.)**

+ = Met

- = Partially Met

O = Unmet

N/A = No opportunity to work on this step.