



Prevocational Training – Quarterly Update

Name of Individual: _____ **Quarter Start Date:** _____ **Quarter End Date:** _____ **Total # Hours of Day Habilitation Services:** _____

Describe how the activities participated in during this quarter assisted the individual in meeting his/her ISP outcome(s):
Do changes need to be made to strategies/activities based on the above information?
Are there any outstanding issues/concerns from the previous quarter?
Give example(s) of how the individual participated in the planning of his/her activities during this quarter:
Give example(s) from this quarter that demonstrate how the individual made new connections and/or participated more fully in his/her community:
Have any opportunities for employment or additional community participation been identified during this quarter?
What has been done to pursue these employment or additional community participation opportunities?
Has anything changed related to the individual's health/safety during this quarter? Is follow up needed?

Completed By: _____ **Date of Completion:** _____