

Regional Center Progress Report for SDP Participants

Participant Name: _____

Service Type: (ABA/AST/Behavior-Level Respite/Behavior-Level PA/Behavioral Day Program/ ILS /Occupational Therapy/ Parent Support Services / SLS/Social Skills Services/Speech Therapy)

(If you use an agency, they can prepare the report using their own template.)

1. Progress Made

Describe what goals or skills you or the participant has improved in.

Give clear examples (e.g., "I am now able to prepare simple meals with less support," or "She is asking for help instead of crying").

2. Areas Still Needing Work

List the skills or goals that are still in progress.

Be specific about what still needs practice (e.g., "Needs reminders to manage money," or "Still working on following a full bedtime routine independently").

3. Barriers or Challenges

Note anything that makes it harder to reach the goals.

Examples: health issues, limited family support, changes at school/work, emotional struggles, lack of consistency.

4. Why Services Are Still Needed

Explain why continued support is important.

Example: "She needs help learning how to stay safe in the community," or "I am learning slowly and need more time to practice."

5. Recommended Hours

Recommendation: (Keep same / Increase / Decrease)

If a fade-out plan is suggested, describe it (e.g., "Reduce by 2 hours every 3 months as skills improve").

6. Additional Notes

Anything else that will help the team understand progress and needs.

Example: family feedback, new goals, or changes in daily life.

Signature_____

Date_____