

**WEST VIRGINIA I/DD WAIVER
PERSONAL OPTIONS
DIRECT SUPPORT PROGRESS NOTE**

(To be used if something out of the ordinary occurs while providing services. This is not to replace or serve as an equal requirement in documenting regular services.)

Member Name		Service Coordinator Agency	
Month of Service		Year of Service	

Were there any parts of the goal in which the member did especially well or poor? Did anything out of the ordinary occur (such as illness, behaviors, etc.)? Did the member require more support than usual? How did the member respond to support and services provided?

Date		Time		AM PM	Employee Initials		
Date		Time		AM PM	Employee Initials		
Date		Time		AM PM	Employee Initials		
Date		Time		AM PM	Employee Initials		
Date		Time		AM PM	Employee Initials		
Employee Name		Employee Signature		Employee Name		Employee Signature	

This form must be made available to your Service Coordinator as needed.