



DEPARTMENT OF HEALTH AND SENIOR SERVICES  
ADULT BRAIN INJURY PROGRAM  
**MONTHLY PROGRESS REPORT UPDATE ADDENDUM**

DATE ADDENDUM INITIATED

GOAL #1:

EXPLANATION OF OVERALL GOAL PROGRESS BY MONTH: (Indicate month/year and staff name for each month's progress update entry)

GOAL #2:

EXPLANATION OF OVERALL GOAL PROGRESS BY MONTH: (Indicate month/year and staff name for each month's progress update entry)

GOAL #3:

EXPLANATION OF OVERALL GOAL PROGRESS BY MONTH: (Indicate month/year and staff name for each month's progress update entry)

GOAL #4:

EXPLANATION OF OVERALL GOAL PROGRESS BY MONTH: (Indicate month/year and staff name for each month's progress update entry)

GOAL #5:

EXPLANATION OF OVERALL GOAL PROGRESS BY MONTH: (Indicate month/year and staff name for each month's progress update entry)

GOAL #6:

EXPLANATION OF OVERALL GOAL PROGRESS BY MONTH: (Indicate month/year and staff name for each month's progress update entry)

THIS TREATMENT PLAN HAS BEEN DEVELOPED BETWEEN THE PARTICIPANT, PROVIDER AND THE SERVICE COORDINATOR. BY SIGNING THIS TREATMENT PLAN YOU ACKNOWLEDGE AGREEMENT WITH THE TREATMENT PLAN AND UNDERSTAND THAT ANY CHANGES IN THIS PLAN MUST BE SUBMITTED TO THE SERVICE COORDINATOR IMMEDIATELY.

DIRECT CARE STAFF SIGNATURE

DATE

SUPERVISOR SIGNATURE

DATE