Generate ISP Report - Data Collection Monthly

Generate ISP Reports on the services provided to the Individuals to track service delivery and progress towards goals.

Users with the **ISP Report** role can create reports on ISP Program for the individuals on their caseloads. Reports can be generated for Approved and Discontinued ISP Programs.

1. Click on the **Report** link available in the **ISP Data** row in the Individual tab.

2. Select the program from the **Select Program for ISP Program** page.

Select Program For ISP Program

| All | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z |

Filter   15 ⌄ Records

Program Name	Site Name	Program Type	Cost Center Number	Program ID
Child Care Center	Care Home	School		01
Day Shift	Special School	School		01
Demo Program	Demo Site	School		555

Showing 1 to 3 of 3 entries

3. Select the individual from the **Individual List for ISP Program** page.

Individual List for ISP Program

Program: Demo Program (Demo Site)

| All | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z |

Filter   15 ▾ Records

Last Name	First Name	Individual ID
Tareq	Taufiq	

Showing 1 to 1 of 1 entries

4. Select the ISP Program name and click on the **Next** button to generate the report.

ISP Program List

	Form ID	Program Name	Site Name	Individual	ISP Program	Entered By	Program Creation Date	Approve Date	Status — Approved ▾	Time Zone
☑	ISP-DEMOTPHL-H9Q4NFNYTMULU	Demo Program	Demo Site	Tareq, Taufiq	Speech Therapy Plan	Sonia Ferdaus, Therap Admin	05/01/2019	07/22/2019	Approved	Asia/Dhaka

Showing 1 to 1 of 1 entries

Previous 1 Next

Cancel   Next

There are four types: **Programmatic Report, Clinician Report, Data Collection Monthly Report, and Hab Documentation Record.**

5. Select the **Report Type** as **Data Collection Monthly** on the **Report Criteria** page and select the appropriate **Month** and **Year** from the drop-down lists. Click on the **Generate** button to generate the report.

Report Criteria

Report Type	Data Collection Monthly ▾
Time Zone	Asia/Dhaka
Show Report without ISP Data	○ Yes ● No
Show Initials only	○ Yes ● No
Month	June ▾
Year	2019 ▾

Selected ISP Program

Form ID	ISP Program	Approve Date
ISP-DEMOTPHL-H9Q4NFNYTMULU	Speech Therapy Plan	07/22/2019

Back   → Generate

6. The **Data Collection Monthly Report** displays the data collected for each day of the selected month for the selected ISP Programs. The scores will show only the first score entered for that task for the day. If you want to save the report, enter the report name in the **Report Description** field. When finished, reports are available for **saving** and **download** in **PDF** format.

Data Collection Monthly - Individual Summary Sheet

Status: New

Report Description: * June Report

Report Type : Data Collection Monthly

PROVIDER:	Therap Global Demonstration Provider		MONTH & YEAR:	06/19
INDIVIDUAL:	Taufiq Tareq,	Individual ID:	Medicaid #:	
SITE LOCATION:	531 Road No 11, Dhaka, Bangladesh			

QA Assistant

Generated Report

ISP Program : Speech Therapy Plan

Frequency:

Schedule:

Schedule and Frequency Comment:

Scoring Method: Level of Independence

Score(s):

DECL	Declined
FULL	Full Physical Prompt
PART	Partial Physical Prompt
DEMO	Demonstration
VRBL	Verbal Cue
INDP	Independence

STAFF PROVIDING SERVICE/ACTION MUST INITIAL THE DATE THE SERVICE/ACTION WAS PROVIDED.
(NOTE: by entering initials, staff are attesting that the service/action was provided on that day. Initialing must occur at the same time as service delivery.)

DESCRIPTION OF THE INDIVIDUALIZED STAFF SERVICE/ ACTION PROVIDED	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Give me Ball		VRBL SF	VRBL SF		VRBL SF				DECL SF	DEMO SF		VRBL SF				VRBL SF	VRBL SF													
Clap Hands		DEMO SF	DEMO SF		DEMO SF				DECL SF	VRBL SF		VRBL SF				VRBL SF	INDP SF													
Say Hello (maintains eye contact for 5 sec)		DECL SF	DECL SF		DECL SF				DECL SF	FULL SF		FULL SF				VRBL SF	DEMO SF													

Staff Signature Log

SIGNATURE	PRINT NAME	INITIALS	TITLE
	Sonia Ferdaus	SF	Therap Admin

By signing below staff are verifying that on each service date recorded on this form, the program day duration is accurately documented.

QA Assistant

_____   _____   _____
SIGNATURE   PRINT NAME   TITLE

DATA COLLECTION
MONTHLY SUMMARY NOTE

PROVIDER:	Therap Global Demonstration Provider		MONTH & YEAR:	06/19
INDIVIDUAL:	Taufiq Tareq,	Individual ID:	Medicaid #:	
SITE LOCATION:	531 Road No 11, Dhaka, Bangladesh			

Provide a narrative that addresses the individual's response to the services provided and any issues or concerns.

10000 characters left

_____   _____   _____
SIGNATURE OF STAFF PERSON WRITING THE NOTE   TITLE   DATE

Display PDF

<< Back   Save

To know about **Programmatic Report** click here.

To know about **Clinician Record** click here.

To know about **Hab Documentation Record** click here.