



### Select Program For ISP Program

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

.ISP 000000 000000 00000000 00000000 00 000000 0000 .3

### Individual List for ISP Program

**Program: Demo Program (Demo Site)**

15  Records

| Last Name | First Name | Individual ID |
|-----------|------------|---------------|
| Tareq     | Taufiq     |               |

Showing 1 to 1 of 1 entries

.00000000 00000000 "00000000" 0000 0000 00000000 ISP 00000000 0000 0000 .4

## ISP Program List

Filter You have selected 1 items. 15 Records

| <input checked="" type="checkbox"/> | Form ID                    | Program Name | Site Name | Individual    | ISP Program         | Entered By                  | Program Creation Date | Approve Date | Status   | Time Zone  |
|-------------------------------------|----------------------------|--------------|-----------|---------------|---------------------|-----------------------------|-----------------------|--------------|----------|------------|
| <input checked="" type="checkbox"/> | ISP-DEMOTPHL-H9Q4NFNYTMULU | Demo Program | Demo Site | Tareq, Taufiq | Speech Therapy Plan | Sonia Ferdous, Therap Admin | 05/01/2019            | 07/22/2019   | Approved | Asia/Dhaka |

Showing 1 to 1 of 1 entries Previous 1 Next

Cancel Next

:.....

## Programmatic Report, Clinician Report, Data Collection Monthly Report, and Hab .Documentation Record

..... (Data Collection Monthly)..... .5  
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**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-H9Q4NFNMTULU | Speech Therapy Plan | 07/22/2019   |

Back



Generate

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Data Collection Monthly - Individual Summary Sheet

Status: New

Report Description: June Report

Report Type: Data Collection Monthly

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

Generated Report

ISP Program : Speech Therapy Plan

Scoring Method: Level of Independence

Score(s):

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

| DESCRIPTION OF THE INDIVIDUALIZED STAFF SERVICE/ ACTION PROVIDED | STAFF PROVIDING SERVICE/ACTION MUST INITIAL THE DATE THE SERVICE/ACTION WAS PROVIDED.<br>(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.) |            |            |   |   |   |   |   |            |            |    |            |    |    |    |            |            |    |    |    |    |    |    |    |    |    |    |    |    |    |
|--|--|------------|------------|---|---|---|---|---|------------|------------|----|------------|----|----|----|------------|------------|----|----|----|----|----|----|----|----|----|----|----|----|----|
|  | 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<br>SF   | VRBL<br>SF | VRBL<br>SF |   |   |   |   |   | DECL<br>SF | DEMO<br>SF |    | VRBL<br>SF |    |    |    | VRBL<br>SF | VRBL<br>SF |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Clap Hands   | DEMO<br>SF   | DEMO<br>SF | DEMO<br>SF |   |   |   |   |   | DECL<br>SF | VRBL<br>SF |    | VRBL<br>SF |    |    |    | VRBL<br>SF | INDP<br>SF |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Say Hello (maintains eye contact for 5 sec)                      | DECL<br>SF   | DECL<br>SF | DECL<br>SF |   |   |   |   |   | DECL<br>SF | FULL<br>SF |    | FULL<br>SF |    |    |    | VRBL<br>SF | DEMO<br>SF |    |    |    |    |    |    |    |    |    |    |    |    |    |

Staff Signature Log

| SIGNATURE | PRINT NAME    | INITIALS | TITLE        |
|-----------|---------------|----------|--------------|
|           | Sonia Ferdous | 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.

SIGNATURE

PRINT NAME

TITLE

DATA COLLECTION  
MONTHLY SUMMARY NOTE

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

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

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To know about **Clinician Record** click [here](#).

To know about **Hab Documentation Record** click [here](#).