Generate ISP Report – Data Collection Monthly (□□□□□□ □□□□□□□ □□□□□□□ □□□□□□□□□ – □□□□ □□□□□□ □□□□□)

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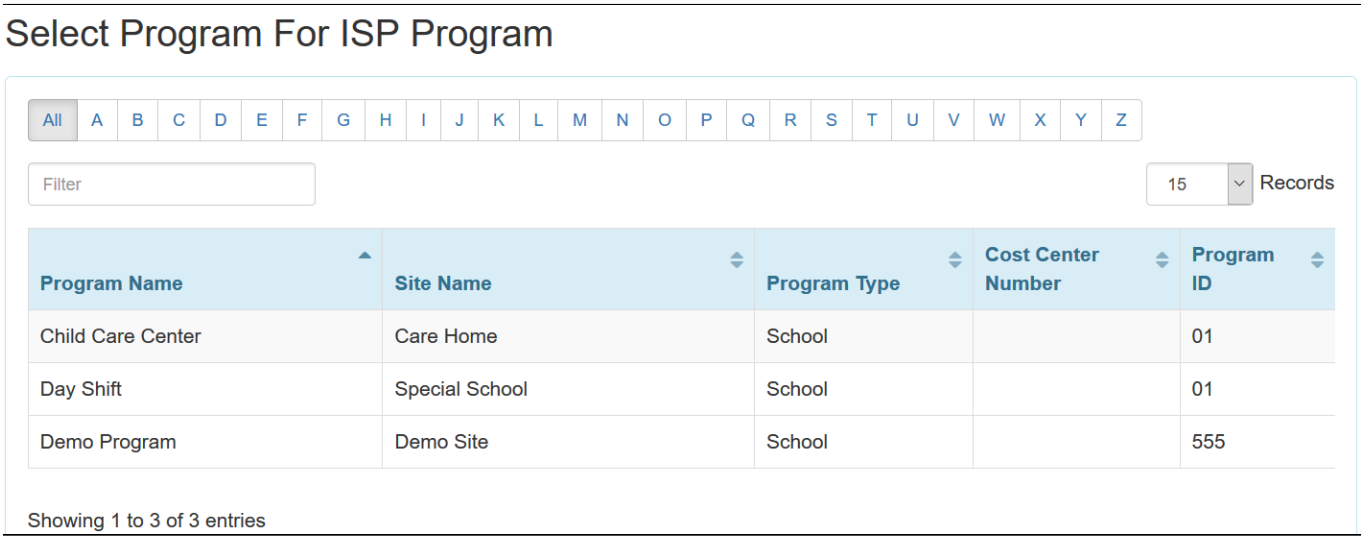
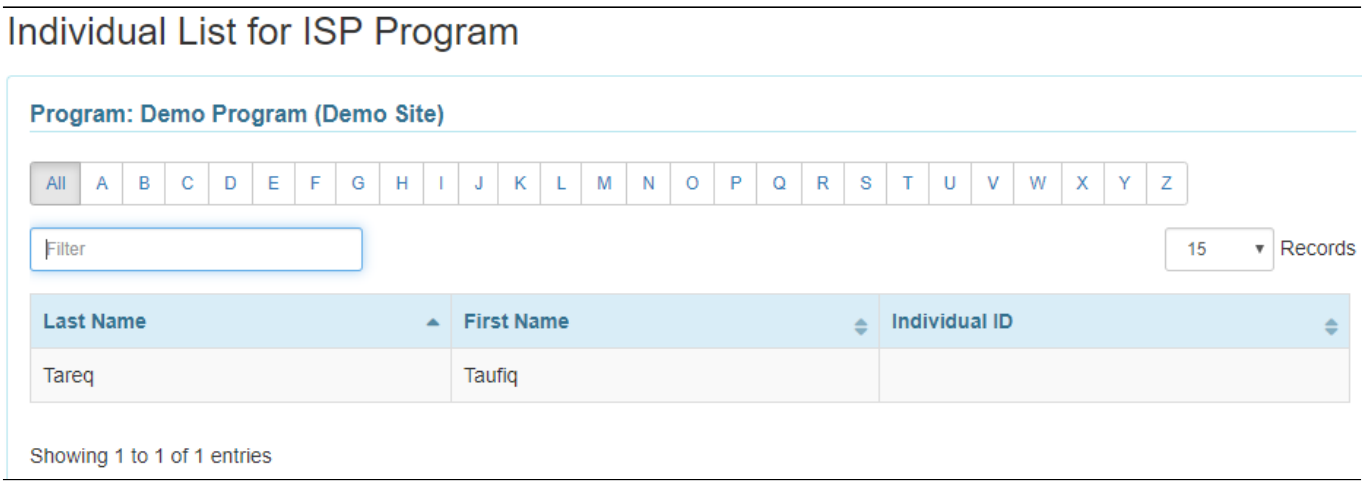
1. **Individual** (□□□□□□□□□□) □□□□□□□ **ISP Data** (□□□□) □□□□□□□□□ □□□□□□ **Report** (□□□□□□□□) □□□□□□□ □□□□□ □□□□□□□□□□

2. **Select Program for ISP Program** (ISP □□□□□□□□□□□ □□□□ □□□ □□□□□□□□□) □□□□□□□□ □□□□□□□□□ □□□ □□□□□□□□□□

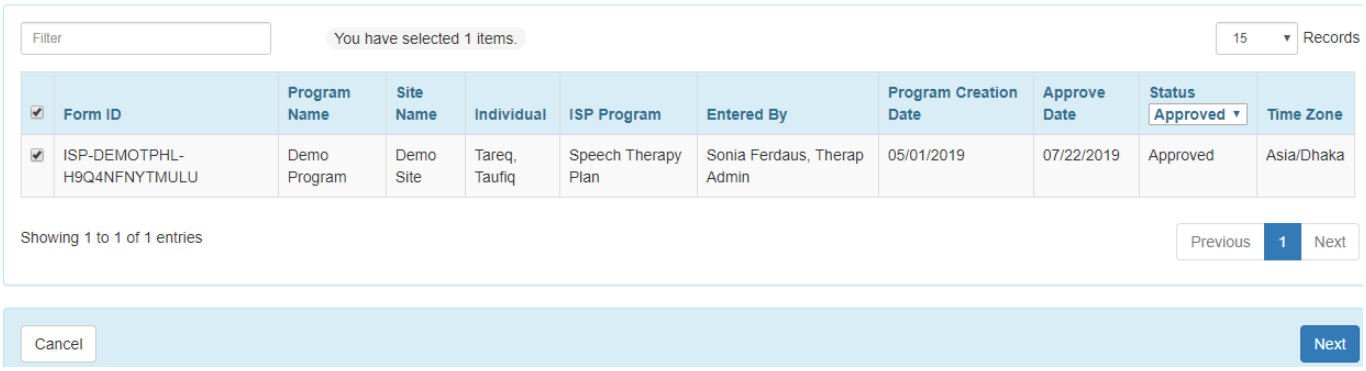


3. **Individual List for ISP Program** (ISP □□□□□□□□□ □□□□□□□ □□□□ □□□□□□□□□ □□□□) □□□ □□□□□□□ □□□ □□□□□□□□□□



4. **ISP Program** (□□□□□□□□□) □□□ □□□ □□□□□□□□□ □ □□□□□□□ □□□□□□□ □□□□ **Next** (□□□□□) □□□□□ □□□□□ □□□□□□□□□□

ISP Program List



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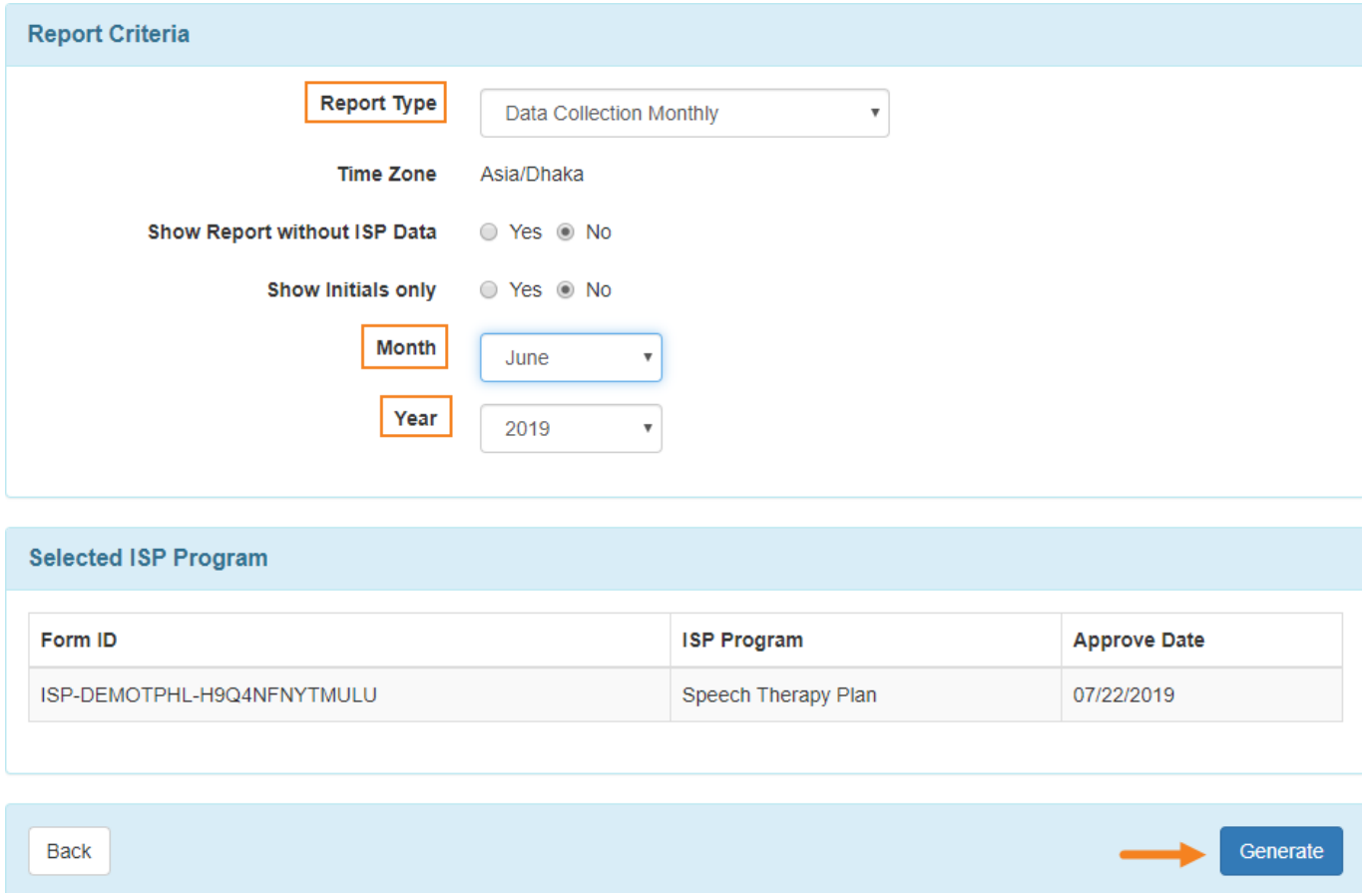
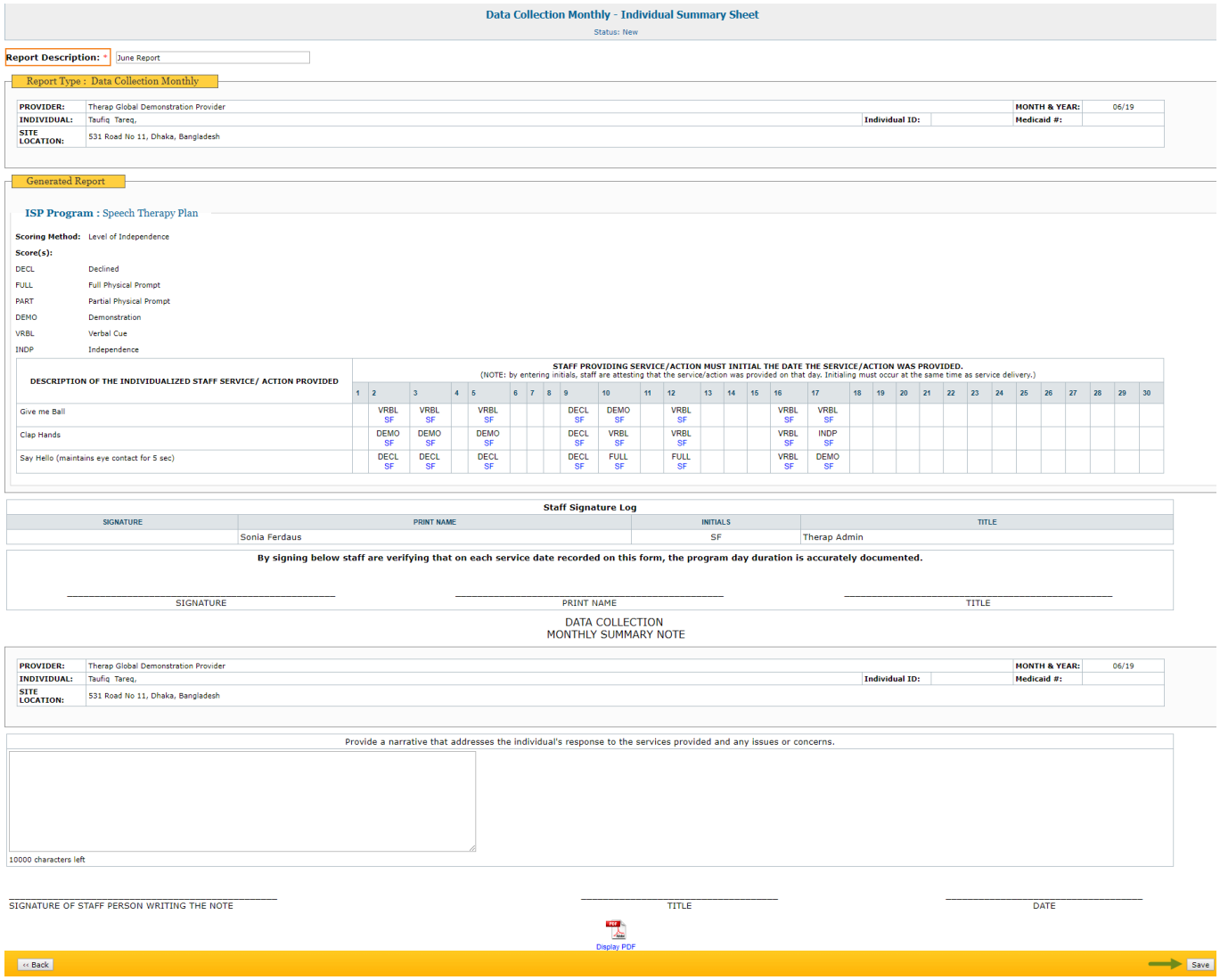
5. □□□□□□□□□ □□□□□□□ □□□□□□□ **Data Collection Monthly (**□□□□ □□□□□□ □□□□□) □□□□□ **Report Type** (□□□□□□□ □□□□□□) □□□ □□□□□□□□□ □ □□□□-□□□□ □□□□□□□□□□ □□□□□□□ **Month** (□□□□□) □ **Year** (□□□□) □□□ □□□□□□□□□□ □□□□□□□ □□□□□□□ □□□□ **Generate** (□□□□□□□ □□□□□) □□□□□ □□□□□□□□□□



6. **Data Collection Monthly** (□□□□ □□□□□□ □□□□□) □□□□□□□□□ □□□ □□□□□□ ISP □□□□□□□□□□□□□□ □□□□ □□□ □□□□□□ □□□□□□□ □□□□□□□□ □□□□□ □□□□ □□□□□□ □□□□□□ □□□□ □□□□□□□□ □□□□□□ □□□□□□□□□□ □□□□□ □□□□ □□□□ □□□□□□□□ □□□□ □□□□□□□□ □□□□□□ □□□□□ □□□□□ □□□□□ □□□□□□□□□ □□□ □□□□□ □□□□□□□ □□□ □□□□ □□□□□□□□□□ □□□, **Report Description** (□□□□□□□ □□□□□) □□□□□□□ □□□□□□□ □□□ □□□□□□□□ □□□□□□□□□ □□□□□□ □□□□□, □□□□□□□ □□□ □□□□ **Save** (□□□) □□□□□ □□□□□ □□□□□□□□□□



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				

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. (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 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.

_____ 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

Programmatic Report (□□□□□□□□□□□□ □□□□□□□□) □□□□ □□□□□ □□□□ □□□□□ □□□□□□□□□□□

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