

Vendor Fiscal/Employer Agent Financial Management Services  
Common Law Employer  
**MONTHLY PROGRESS NOTES**

**Individual's Name:** \_\_\_\_\_

**Month/Year:** \_\_\_\_\_

**Dates of Services:** \_\_\_\_\_

**Name of Staff:** \_\_\_\_\_

**Related Outcome Statements:**

**Description of services provided, activities individual participated in, and progress made or skills maintained toward above outcomes:**

**Describe any issues, problems, or barriers related to provision of service:**

**Is individual making progress or maintaining skills in the above outcomes?**

Yes\_\_ No\_\_

**Please describe recommendations for changes if no progress is occurring or if regression is occurring:**

**Signature of Common Law Employer:** \_\_\_\_\_

**Date:** \_\_\_\_\_