

PIONEER YOUTH & ADULT COMMUNITY SERVICES

SKILLS DEVELOPMENT SUMMARY

Client Name: _____ Month/Year: _____

Goal # _____ Goal Title: _____

What significant SDS activities did you and the client do to work on this goal:

(Describe up to 4 activities per month. Ex: Discussed how to improve personal hygiene; role played problem solving)

- Discussed _____
- Role played _____
- Trained _____
- Demonstrated _____
- Set goals _____
- Identified _____
- Practiced _____

Skills & Competency: Measure progress

	Poor	Okay	Excellent		
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5

How can we improve in the areas where the client was rated as “poor”?

State how above activities helped client progress toward SDS goal: (example: if the goal is on personal hygiene: Client has been following directions by taking daily showers and increased appropriate hygiene by brushing his teeth in the morning and evening.)

Preplan SDS Activities for the Following Month:

(Fill out **4** boxes on each row with an SDS activity that will be used the following month. Ex: Discussed Goals, Role Play Communication Skills, Demonstrated Appreciation)

MONTH: _____

Discussed Role Played Trained Demonstrated Set Goals Identified Practiced

<i>MON</i>	<i>TUES</i>	<i>WED</i>	<i>THURS</i>	<i>FRI</i>	<i>SAT</i>	<i>SUN</i>
Ex: D Ask for Help						

Proctor Parent Signature: _____

Date: _____

Client Signature: _____

Date: _____

SDS Supervisor Signature: _____

Date: _____