# CO_1C_BLACK_SLDSkill Smart Monthly Progress summary

|  |
| --- |
| **Customer Information** |
| Customer Name:  | Month: |
| Total Intervention Hours:  | Status: [ ]  Exploration [ ]  Skill Development  |
| Age: |  | Age of Onset: |  | Number of Brain Injuries |  |
|  |
| Intake Completed:[ ] Y [ ]  N  | Date Completed: | Pre-Skills Completed: [ ]  Y [ ]  N | Date Completed: | Post-Skills Completed: [ ]  Y [ ]  N | Date Completed: |
|  |
| **Community Service Summary** |
| Community Service: [ ] Y [ ]  N  | Site:  |
| Hours Worked: |  |
| Referrals to Outside Agency: [ ] Y [ ]  N  | Agencies:  |
| **Customer Challenges:** |
| **Customer’s Successes:**  |
| **Additional Comments:**  |
| Next Month’s Status: [ ]  Skill Smart [ ]  Work Start [ ]  Case Closure |