# CO_1C_BLACK_SLDSkill Smart Monthly Progress summary

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| **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 | | | | | | | | | | | |