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| Texas Workforce Solutions logo | | | | | | | | | | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Autism Spectrum Disorder(ASD) Supports**  **Time Log and Progress Report** | | | | | | | | | | | | | | | | | | |
| **Purpose** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The purpose of the **ASD Supports Time Log and Progress Report** is to document time spent with the customer and record progress made for each identified skill. It is imperative that progress of the customer be monitored and, if necessary, changes be made to the ASD Supports Plan. The following are examples when changes may need to be made, but not limited to:   * identified skills are mastered, new skills are identified, type of support changes or more hours are recommended   **Important Note:** Changes made to the original ASD Support Plan should be billed through indirect hours. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Instructions** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Time Log:** Each date of service must be reported in the time log and all sections filled out.  **Progress Report:** If this is the **first progress report, 3 sections** need to be filled out if this is the **1st Progress report**, 2 dates will be filled out:   1. Initial**:** Record date the ASD Support Plan was completed and the customer’s skill level at that time. 2. Progress**:** Record date report is submitted, and skill level currently being demonstrated, repeat for all other reports. 3. Mastery: Leave date blank, but check the level reported in the ASD Support Plan that will indict when the skill is mastered.  * Each report after should **include all the previous dates and scores** so the provider and counselor can easily monitor progress. * Include **original date of referral** and date time log/progress report is submitted. * Include the **date range the progress report covers**, for example, a date range of May 15th – June 15th. May 15th would be the first date of the new progress period and June 15th would be the last date service was provided. Provider must turn in a VR1881 a minimum of every 4 weeks.   **For Counselor and Provider’s Reference:** Percentage scores are defined on the last page of this form (same as in ASD Supports Plan). | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Customer Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Customer** | | | | **Customer ID** | | | | | | | | | | | **Report Completed By:** | | | | | | **Date Submitted:** | | | | | | | |
| **Provider Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Provider** | | | | | **Vendor Number** | | | | | | | | | | **Phone Number** | | | | | | | **Email** | | | | | | |
| **Name of Referring Counselor** | | | | | **Original Date of Referral** | | | | | | | | | | **Date Report Submitted** | | | | | | | **Date Range Reporting On:** | | | | | | |
| **Time Log** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Direct**  **Hours** | | **Date**  **mm/dd/yyyy** | **Start time** | | | | | **End time** | | | **Total time for that date** | | **Individual or Group** | | | | | **Location** | | | | | | **Name of Provider** | | | | |
|  |  | | | | |  | | |  | | Individual  Group | | | | | Home Community  Work Other: | | | | | |  | | | | |
|  |  | | | | |  | | |  | | Individual  Group | | | | | Home Community  Work Other: | | | | | |  | | | | |
|  |  | | | | |  | | |  | | Individual  Group | | | | | Home Community  Work Other: | | | | | |  | | | | |
|  |  | | | | |  | | |  | | Individual  Group | | | | | Home Community  Work Other: | | | | | |  | | | | |
|  |  | | | | |  | | |  | | Individual  Group | | | | | Home Community  Work  Other: | | | | | |  | | | | |
|  |  | | | | |  | | |  | | Individual  Group | | | | | Home Community  Work  Other: | | | | | |  | | | | |
|  |  | | | | |  | | |  | | Individual  Group | | | | | Home Community  Work  Other: | | | | | |  | | | | |
|  |  | | | | |  | | |  | | Individual  Group | | | | | Home Community  Work Other: | | | | | |  | | | | |
|  |  | | | | |  | | |  | | Individual  Group | | | | | Home Community  Work Other: | | | | | |  | | | | |
|  |  | | | | |  | | |  | | Individual  Group | | | | | Home Community  Work Other: | | | | | |  | | | | |
| **Indirect**  **Hours** | |  |  | | | | |  | | |  | | Individual | | | | | Indirect time spent doing: | | | | | |  | | | | |
|  |  | | | | |  | | |  | | Individual | | | | | Indirect time spent doing: | | | | | |  | | | | |
| **Hours and Billing** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Total Direct Group Hours**  (Bill $23.00 per hour): | | | | | | | **Total Direct Individual Hours**  (Bill $46.00 per hour): | | | | | | | | | | **Total Indirect Hours**  (Bill $46.00 per hour): | | | | | | | **Total Hours**: | | | | |
| **Amount Billed for Direct Group Services:** | | | | | | | **Amount Billed for Direct Individual Services:** | | | | | | | | | | **Amount Billed for Indirect Services:** | | | | | | | **Total Amount Billed:** | | | | |
| **Progress Report: Skills 1–2** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Skill #1**: | | | | | | | | | **Initial** | | | **Progress** | | | | | | | | | | | | | | **Mastery** | | |
| **Date:** | | | **Date:** | | | | **Date:** | | | **Date:** | **Date:** | | | **Date:** | | | **Date:** | | |
| **At all times = (100%)**  **Almost always = (90%)**  **Most of the time = (80%)**  **On average = (70%)**  **Rarely or never = (60% or )** | | | | | | | | | **100%**  **90%**  **80%**  **70%**  **60% or** | | | **100%**  **90%**  **80%**  **70%**  **60% or** | | | | **100%**  **90%**  **80%**  **70%**  **60% or** | | | **100%**  **90%**  **80%**  **70%**  **60% or** | **100%**  **90%**  **80%**  **70%**  **60% or** | | | **100%**  **90%**  **80%**  **70%**  **60% or** | | | **100%**  **90%**  **80%**  **70%**  **60% or** | | |
| **This skill addresses the following category/s:**  Communication/Social Skill Deficit  Obsessive, Restrictive Interests, Repetitive Behaviors, Resistance to Change  Sensory Abnormality  Level of Anxiety  Co- Morbidity  **What services, strategies and or supports are being provided to address this skill? Any recommendations or comments?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Skill #2**: | | | | | | | | | **Initial** | | | **Progress** | | | | | | | | | | | | | | **Mastery** | | |
| **Date:** | | | **Date:** | | | | **Date:** | | | **Date:** | **Date:** | | | **Date:** | | | **Date:** | | |
| **At all times = (100%)**  **Almost always = (90%)**  **Most of the time = (80%)**  **On average = (70%)**  **Rarely or never = (60% or )** | | | | | | | | | **100%**  **90%**  **80%**  **70%**  **60% or** | | | **100%**  **90%**  **80%**  **70%**  **60% or** | | | | **100%**  **90%**  **80%**  **70%**  **60% or** | | | **100%**  **90%**  **80%**  **70%**  **60% or** | **100%**  **90%**  **80%**  **70%**  **60% or** | | | **100%**  **90%**  **80%**  **70%**  **60% or** | | | **100%**  **90%**  **80%**  **70%**  **60% or** | | |
| **This skill addresses the following category/s:**  Communication/Social Skill Deficit  Obsessive, Restrictive Interests, Repetitive Behaviors, Resistance to Change  Sensory Abnormality  Level of Anxiety  Co- Morbidity  **What services, strategies and or supports are being provided to address this skill? Any recommendations or comments?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Progress Report: Skills 3–4** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Skill #3**: | | | | | | | | | **Initial** | | | **Progress** | | | | | | | | | | | | | | **Mastery** | | |
| **Date:** | | | **Date:** | | | | **Date:** | | | **Date:** | **Date:** | | | **Date:** | | | **Date:** | | |
| **At all times = (100%)**  **Almost always = (90%)**  **Most of the time = (80%)**  **On average = (70%)**  **Rarely or never = (60% or )** | | | | | | | | | **100%**  **90%**  **80%**  **70%**  **60% or** | | | **100%**  **90%**  **80%**  **70%**  **60% or** | | | | **100%**  **90%**  **80%**  **70%**  **60% or** | | | **100%**  **90%**  **80%**  **70%**  **60% or** | **100%**  **90%**  **80%**  **70%**  **60% or** | | | **100%**  **90%**  **80%**  **70%**  **60% or** | | | **100%**  **90%**  **80%**  **70%**  **60% or** | | |
| **This skill addresses the following category/s:**  Communication/Social Skill Deficit  Obsessive, Restrictive Interests, Repetitive Behaviors, Resistance to Change  Sensory Abnormality  Level of Anxiety  Co- Morbidity  **What services, strategies and or supports are being provided to address this skill? Any recommendations or comments?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Skill #4**: | | | | | | | | | **Initial** | | | **Progress** | | | | | | | | | | | | | | **Mastery** | | |
| **Date:** | | | **Date:** | | | | **Date:** | | | **Date:** | **Date:** | | | **Date:** | | | **Date:** | | |
| **At all times = (100%)**  **Almost always = (90%)**  **Most of the time = (80%)**  **On average = (70%)**  **Rarely or never = (60% or )** | | | | | | | | | **100%**  **90%**  **80%**  **70%**  **60% or** | | | **100%**  **90%**  **80%**  **70%**  **60% or** | | | | **100%**  **90%**  **80%**  **70%**  **60% or** | | | **100%**  **90%**  **80%**  **70%**  **60% or** | **100%**  **90%**  **80%**  **70%**  **60% or** | | | **100%**  **90%**  **80%**  **70%**  **60% or** | | | **100%**  **90%**  **80%**  **70%**  **60% or** | | |
| **This skill addresses the following category/s:**  Communication/Social Skill Deficit  Obsessive, Restrictive Interests, Repetitive Behaviors, Resistance to Change  Sensory Abnormality  Level of Anxiety  Co- Morbidity  **What services, strategies and or supports are being provided to address this skill? Any recommendations or comments?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Progress Report: Skill 5** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Skill #5**: | | | | | | | | | **Initial** | | | **Progress** | | | | | | | | | | | | | | **Mastery** | | |
| **Date:** | | | **Date:** | | | | **Date:** | | | **Date:** | **Date:** | | | **Date:** | | | **Date:** | | |
| **At all times = (100%)**  **Almost always = (90%)**  **Most of the time = (80%)**  **On average = (70%)**  **Rarely or never = (60% or )** | | | | | | | | | **100%**  **90%**  **80%**  **70%**  **60% or** | | | **100%**  **90%**  **80%**  **70%**  **60% or** | | | | **100%**  **90%**  **80%**  **70%**  **60% or** | | | **100%**  **90%**  **80%**  **70%**  **60% or** | **100%**  **90%**  **80%**  **70%**  **60% or** | | | **100%**  **90%**  **80%**  **70%**  **60% or** | | | **100%**  **90%**  **80%**  **70%**  **60% or** | | |
| **This skill addresses the following category/s:**  Communication/Social Skill Deficit  Obsessive, Restrictive Interests, Repetitive Behaviors, Resistance to Change  Sensory Abnormality  Level of Anxiety  Co- Morbidity  **What services, strategies and or supports are being provided to address this skill? Any recommendations or comments?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ASD Supports Provider’s Name:** | | | | | | | | | | | | | | **ASD Supports Provider’s Signature:** | | | | | | | | | | | | | | |
| **VR Use Only—VR Approval of the Report** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I verified that the time log was completed.** | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | **No** | |
| **I verified that no more than two hours per month were indirect (More than two hours will not be paid.)** | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | **No** | |
| **I verified that the progress report is filled out for each skill listed.** | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | **No** | |
| **I verified that the ASD supports provider signed the report.** | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | **No** | |
| **Report:**  **Approved**  **Sent back to provider** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Comments:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Printed name of VR staff member making the verification:** | | | | | | | | | | | | | | | | | | | | | | | **Date verified:** | | | | | |
| **For Reference: Percentage Scores Defined** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **At all times = (100%)** | | | | | Provider has observed the customer correcting demonstrating the skill **10 out of 10 times** | | | | | | | | | | | | | | | | | | | | | |
| **Almost always = (90%)** | | | | | Provider has observed the customer correcting demonstrating the skill **9 out of 10 times** | | | | | | | | | | | | | | | | | | | | | |
| **Most of the time = (80%)** | | | | | Provider has observed the customer correcting demonstrating the skill **8 out of 10 times** | | | | | | | | | | | | | | | | | | | | | |
| **On average = (70%)** | | | | | Provider has observed the customer correcting demonstrating the skill **7 out of 10 times** | | | | | | | | | | | | | | | | | | | | | |
| **Rarely or never = (60% or less)** | | | | | Provider has observed the customer correcting demonstrating the skill **6 or less out of 10 times** | | | | | | | | | | | | | | | | | | | | | |