



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 **first progress report**, **2 dates** will be filled out:

1. Initial: Record the date the ASD Support Plan was completed and the customer’s skill level at that time.
2. Progress: Record the date the report is submitted and the skill level currently being demonstrated; repeat for all other reports.
3. Mastery: Leave the date blank, but check the level reported in the ASD Support Plan that will indicate 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 the **original date of referral** and the date that the time log/progress report is submitted.
 - Include the **date range that 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 that service was provided. Provider must turn in a DARS1881 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:
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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

	Date mm/dd/yyyy	Start time	End time	Total time for that date	Individual or Group	Location	Name of Provider
Direct Hours					<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> Work Other:	
					<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> Work Other:	
					<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> Work Other:	
					<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> Work Other:	
					<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> Work Other:	
					<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> Work Other:	
					<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> Work Other:	
					<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> Work Other:	
					<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> Work Other:	
					<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> Work Other:	
Indirect Hours					Individual	Indirect time spent doing:	
					Individual	Indirect time spent doing:	

Hours and Billing

Total <u>Direct Group</u> Hours (Bill \$18.75 per hour):	Total <u>Direct Individual</u> Hours (Bill \$37.50 per hour):	Total <u>Indirect</u> Hours (Bill \$37.50 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:						
At all times = (100%)	<input type="checkbox"/> 100%						
Almost always = (90%)	<input type="checkbox"/> 90%						
Most of the time = (80%)	<input type="checkbox"/> 80%						
On average = (70%)	<input type="checkbox"/> 70%						
Rarely or never = (60% or ↓)	<input type="checkbox"/> 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:						
At all times = (100%)	<input type="checkbox"/> 100%						
Almost always = (90%)	<input type="checkbox"/> 90%						
Most of the time = (80%)	<input type="checkbox"/> 80%						
On average = (70%)	<input type="checkbox"/> 70%						
Rarely or never = (60% or ↓)	<input type="checkbox"/> 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:						
At all times = (100%)	<input type="checkbox"/> 100%						
Almost always = (90%)	<input type="checkbox"/> 90%						
Most of the time = (80%)	<input type="checkbox"/> 80%						
On average = (70%)	<input type="checkbox"/> 70%						
Rarely or never = (60% or ↓)	<input type="checkbox"/> 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:						
At all times = (100%)	<input type="checkbox"/> 100%						
Almost always = (90%)	<input type="checkbox"/> 90%						
Most of the time = (80%)	<input type="checkbox"/> 80%						
On average = (70%)	<input type="checkbox"/> 70%						
Rarely or never = (60% or ↓)	<input type="checkbox"/> 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:						
At all times = (100%)	<input type="checkbox"/> 100%						
Almost always = (90%)	<input type="checkbox"/> 90%						
Most of the time = (80%)	<input type="checkbox"/> 80%						
On average = (70%)	<input type="checkbox"/> 70%						
Rarely or never = (60% or ↓)	<input type="checkbox"/> 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 correctly demonstrating the skill 10 out of 10 times
Almost always = (90%)	Provider has observed the customer correctly demonstrating the skill 9 out of 10 times
Most of the time = (80%)	Provider has observed the customer correctly demonstrating the skill 8 out of 10 times
On average = (70%)	Provider has observed the customer correctly demonstrating the skill 7 out of 10 times
Rarely or never = (60% or less)	Provider has observed the customer correctly demonstrating the skill 6 or less out of 10 times