

SELF-ADVOCACY PROGRESS REPORT

Student Name:		Student ID#:		Provider:	
Section:		Unique Identifier/Invoice ID#:		Report Dates:	
School (Note "Post-Secondary", if applicable):					
Number of Provider Service Hours:			Status: <input type="checkbox"/> Completed <input type="checkbox"/> Continuing <input type="checkbox"/> Left Program		
Name of Curriculum:		Training Format (PowerPoints, video, activities...):			
Topics covered (check all that apply)	Present	Absent	Needs Improvement	Comments (required for Needs Improvement)	
<input type="checkbox"/> Disability Awareness/ Disclosure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Self-Determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Understanding IEPs, Special Education, and 504 plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Entitlement versus Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Setting Goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Accommodations and Assistive Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Resiliency and Self-Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Disclosure and Advocating Across Environments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Notes/Observations (describe student experience and activities):					

Provider Name

Title

Email/Phone Number

*Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program*