



**Pace Solano
Virtual Progress Report**

Month/Year: _____ Name: _____

Please contact each person on your caseload a minimum of three times per week. Each contact must be recorded on the below form and submitted to your Manager no later than Friday of each week. If any significant health and safety concerns arise during the call, please contact your Manager immediately.

Instructor: _____ Date of Call: _____

Length of Time on Call: _____ Other contact names (not person served): _____

Any Resource Needs Identified: Yes No

If yes, please list: _____

Daily Notes:

Summarize follow up (as needed):

Who	What	When Completed?