

**ACI Support Specialist, Inc.  
I/ DD Documentation Keys**

**IN-HOME SKILL BUILDING/COMMUNITY  
NETWORKING/ RESIDENTIAL SUPPORTS  
KEY 1**

**Interventions**

<b>Independent</b>	<b>Verbal Prompt</b>	<b>Gesture</b>	<b>Partial Physical</b>	<b>Full Physical</b>	<b>Not Applicable</b>
<b>I</b>	<b>VP</b>	<b>G</b>	<b>PP</b>	<b>FP</b>	<b>N/A</b>

**\*\* If N/A an explanation MUST be provided in the comments section on the back of the service note. \*\***

**Assessment of Progress**

<b>Progress Made</b>	<b>Very little progress made</b>	<b>No Progress Made</b>	<b>Refused</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

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**PERSONAL CARE KEY 2**

**Yes/No**

<b>Yes</b>	<b>No</b>
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