**Individual Rehabilitation Plan**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NAME:** |  | **STAFF NAME:** |  | **PRS DIRECTOR NAME:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DOMAIN (check one):** | Living | Learning | Working | Socializing | Self-Maintenance |

|  |  |
| --- | --- |
| **OVERALL REHAB GOAL #1:** |  |

|  |  |
| --- | --- |
| **STRENGTHS (skills and resources):** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Objectives** | **Action Steps** | **Location** | **Frequency & Duration** | **Target Date** | **Status** |
| **A.** |  |  |  |  |  |
| **B.** |  |  |  |  |  |
| **C.** |  |  |  |  |  |

|  |
| --- |
| **This Individual Rehabilitation Plan goal:** |
| Is my only current IRP goal |
| |  |  | | --- | --- | |  |  |   Replaces my IRP goal cancelled on |
| Will be worked on concurrently with another IRP goal |

Status Key

Revised date (R)

Canceled date (C)

Achieved date (A)

*I have participated in the development of this IRP goal and am in agreement.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff Signature:** |  | **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PRS Director Signature:** |  | **Date:** |  |

|  |  |
| --- | --- |
| **Discharge Vision:** |  |