**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:** |  |