

REHABILITATION PLAN

1. DATE

2. FIRST - MIDDLE - LAST NAME OF VETERAN

3. CLAIM NUMBER

C-

4. SOCIAL SECURITY NUMBER

 5. PROGRAM PLAN *(Check one)*
 IEEP - INDIVIDUALIZED
EXTENDED EVALUATION

 IWRP - INDIVIDUALIZED
WRITTEN REHABILITATION

 IEAP - INDIVIDUALIZED
EMPLOYMENT ASSISTANCE

 IILP - INDIVIDUALIZED
INDEPENDENT LIVING

6A. TYPE OF PLAN

 ORIGINAL

 AMENDMENT

*(If "Amendment," complete
Items 6B and 6C)*

6B. AMENDMENT NO. TO IWRP

6C. DATE OF IWRP

7. PROGRAM GOAL

NOTE: INTERMEDIATE OBJECTIVES TO ACHIEVE PLANNED GOAL COVERED IN ITEMS 8 THRU 12.

 8A. OBJECTIVE ONE *(Description)*

8B. ANTICIPATED COMPLETION DATE

8C. SERVICES PROVIDED

8D. DURATION OF SERVICES

FROM (Mo., Yr.)

TO (No., Yr.)

8E. NAME & ADDRESS OF PERSON OR INSTITUTION PROVIDING SERVICES

 8F. PERSON TO CONTACT *(If institution)*

 8G. TELEPHONE NO. *(Include Area Code)*

8H. EVALUATION CRITERIA

8I. EVALUATION PROCEDURE

8J. EVALUATION SCHEDULE

8K. PROGRESS NOTES

 9A. OBJECTIVE TWO *(Description)*

9B. ANTICIPATED COMPLETION DATE

9C. SERVICES PROVIDED

9D. DURATION OF SERVICES

FROM (Mo., Yr.)

TO (No., Yr.)

9E. NAME & ADDRESS OF PERSON OR INSTITUTION PROVIDING SERVICES

 9F. PERSON TO CONTACT *(If institution)*

 9G. TELEPHONE NO. *(Include Area Code)*

9H. EVALUATION CRITERIA

ITEM 9, CONTINUED

9I. EVALUATION PROCEDURE

9J. EVALUATION SCHEDULE

9K. PROGRESS NOTES

10A. OBJECTIVE THREE (*Description*)

10B. ANTICIPATED COMPLETION DATE

10C. SERVICES PROVIDED

10D. DURATION OF SERVICES

FROM (*Mo., Yr.*)TO (*No., Yr.*)

10E. NAME & ADDRESS OF PERSON OR INSTITUTION PROVIDING SERVICES

10F. PERSON TO CONTACT (*If institution*)10G. TELEPHONE NO. (*Include Area Code*)

10H. EVALUATION CRITERIA

10I. EVALUATION PROCEDURE

10J. EVALUATION SCHEDULE

10K. PROGRESS NOTES

11. CONTINUATION SHEET

 CHECK BOX IF VA FORM 28-8872A, REHABILITATION PLAN - CONTINUATION SHEET, IS USED

12. CLOSURE STATEMENT

I CERTIFY THAT I have participated in the development of this program plan. I understand it is my responsibility to cooperate in the program and make reasonable efforts on my behalf. There will be periodic and/or an annual review of the plan, at which time the VA staff members and I will have a chance to jointly redevelop it.

13. SIGNATURE OF VETERAN

14. SIGNATURE OF COUNSELING PSYCHOLOGIST

15. SIGNATURE OF VOCATIONAL REHABILITATION SPECIALIST

16. ANNUAL REVIEW DATE