

REHABILITATION PLAN - CONTINUATION SHEET

REHABILITATION PLAN - CONTINUATION SHEET		1. DATE	
2. FIRST - MIDDLE - LAST NAME OF VETERAN		3. CLAIM NUMBER C-	
4. SOCIAL SECURITY NUMBER		5B. ANTICIPATED COMPLETION DATE	
5A. OBJECTIVE FOUR <i>(Description)</i>		5D. DURATION OF SERVICES	
5C. SERVICES PROVIDED		5D. DURATION OF SERVICES	
		FROM <i>(Mo., Yr.)</i>	TO <i>(No., Yr.)</i>
5E. NAME & ADDRESS OF PERSON OR INSTITUTION PROVIDING SERVICES		5F. PERSON TO CONTACT <i>(If institution)</i>	
		5G. TELEPHONE NO. <i>(Include Area Code)</i>	
5H. EVALUATION CRITERIA			
5I. EVALUATION PROCEDURE			
5J. EVALUATION SCHEDULE			
5K. PROGRESS NOTES			
6A. OBJECTIVE FIVE <i>(Description)</i>		6B. ANTICIPATED COMPLETION DATE	
6C. SERVICES PROVIDED		6D. DURATION OF SERVICES	
		FROM <i>(Mo., Yr.)</i>	TO <i>(No., Yr.)</i>
6E. NAME & ADDRESS OF PERSON OR INSTITUTION PROVIDING SERVICES		6F. PERSON TO CONTACT <i>(If institution)</i>	
		6G. TELEPHONE NO. <i>(Include Area Code)</i>	
6H. EVALUATION CRITERIA			
6I. EVALUATION PROCEDURE			
6J. EVALUATION SCHEDULE			
6K. PROGRESS NOTES			

CONTINUED - SPACE FOR ADDITIONAL OBJECTIVES OR DETAILED NOTES. INDICATE ITEM NUMBER TO WHICH INFORMATION APPLIES.