## Community Mental Health for Central Michigan Pre-Vocational Service Progress Notes

Consumer Nam		Consumer ID:
re-Vocational S	ervice Goal/Objective in PCP:	
Date:	Start Time:	Stop Time:
Please provide a nar	rative on what occurred with this consumer (so if an out	sider were reading this, they would be able to
reconstruct your shift	ft). If additional space is needed, please use the back sid	e of this progress note.
	Staff Signature/Credentials	Date
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