Pre-Vocational Service Progress Notes

Consumer Name: ___________________________  Consumer ID: ____________

Pre-Vocational Service Goal/Objective in PCP:

________________________________________________________________________

Date: _______________  Start Time: _______________  Stop Time: _______________

Please provide a narrative on what occurred with this consumer (so if an outsider were reading this, they would be able to reconstruct your shift). If additional space is needed, please use the back side of this progress note.

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________________________________________________________________________

Staff Signature/Credentials ___________________________  Date _______________

Date: _______________  Start Time: _______________  Stop Time: _______________

Please provide a narrative on what occurred with this consumer (so if an outsider were reading this, they would be able to reconstruct your shift). If additional space is needed, please use the back side of this progress note.

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________________________________________________________________________

Staff Signature/Credentials ___________________________  Date _______________

Date: _______________  Start Time: _______________  Stop Time: _______________

Please provide a narrative on what occurred with this consumer (so if an outsider were reading this, they would be able to reconstruct your shift). If additional space is needed, please use the back side of this progress note.

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Staff Signature/Credentials ___________________________  Date _______________