Department of Vetera	nns Affairs					
REHABILITATION PLAN					1. DATE	
2. FIRST - MIDDLE - LAST NAME OF VE	3. CLAIM NUMB			TY NUMBER		
5. PROGRAM PLAN (Check one)		6A. TYPE OF PL	AN			
IEEP - INDIVIDUALIZED EXTENDED EVALUATION	☐ IWRP - INDIVIDUALIZED WRITTEN REHABILITATION	ORIGINAL AMENDMENT (If "Amendment," complete Items 6B and 6C) 6B. AMENDMENT NO. TO IWRP 6C. DATE OF IWRP				
☐ IEAP - INDIVIDUALIZED EMPLOYMENT ASSISTANCE	IILP - INDIVIDUALIZED INDEPENDENT LIVING	OB. AMENDMEN	TNO. TO IWN	OO. DATE OF WIN		
7. PROGRAM GOAL		- 1				
NOTE: INTERMEDIATE OBJEC	CTIVES TO ACHIEVE PLANNED GO	OAL COVERED I	N ITEMS 8 THRU 1	2.		
8A. OBJECTIVE ONE (Description)				8B. ANTICIPATED CO	MPLETION DATE	
8C. SERVICES PROVIDED			8D. DURATION	OF SERVICES		
				FROM (Mo., Yr.)	TO (No., Yr.)	
				TAGE (19)		
8E. NAME & ADDRESS OF PERSON OR INSTITUTION PROVIDING SERVICES 8F. PE			8F. PERSON TO CON	F. 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				OF SERVICES		
				FROM (Mo., Yr.)	TO (No., Yr.)	
9E. NAME & ADDRESS OF PERSON OF	R INSTITUTION PROVIDING SERVICES		9F. PERSON TO CON	TACT (If institution)		
2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1						
			9G. TELEPHONE NO.	(Include Area Code)		
9H. EVALUATION CRITERIA						
VA FORM 20 0070	EXISTING STOCKS OF V	A FORM 28-8872 M	AR 1981	Came	inuod on	
VA FORM 28-8872 SEP 1989	WILL BE USED.	OTAWI 20-0012, IVII	1001,	Cont	inued on	

ITEM 9, CONTINUED						
9I. EVALUATION PROCEDURE						
9J. EVALUATION SCHEDULE						
9K. PROGRESS NOTES						
10A. OBJECTIVE THREE (Description)	10B. ANTICIPATED COMPLETION DATE					
TOA. OBJECTIVE THINEE (Description)	TOD. ARTION ATED COMM LETION SALE					
10C. SERVICES PROVIDED	10D. DURATION OF SERVICES					
100. SERVICES I ROVIDED	FROM (Mo., Yr.) TO (No., Yr.)					
	FROW (Mo., 11.) 10 (No., 11.)					
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						
make reasonable efforts on my behalf. There will be periodic and/or an a have a chance to jointly redevelop it.	annual review of the plan, at which time the VA staff members and I will					
	14. SIGNATURE OF COUNSELING PSYCHOLOGIST					
13. SIGNATURE OF VETERAN	14. SIGNATURE OF COUNSELING PSTCHOLOGIST					
15. SIGNATURE OF VOCATIONAL REHABILITATION SPECIALIST	16. ANNUAL REVIEW DATE					
13. SIGNATURE OF VOCATIONAL RETABLETATION OF EGIALIST	10. ANNOAL KEVIEW DATE					