

Person Receiving Services: **John**

Meeting Date: **October 10, 2010** page \_\_\_ of \_\_\_

Hours of Service- Weekly Schedule

Path To Employment

Desired Outcome(s)

Measurable Steps To Reach Desired Outcomes	Who is Responsible?	How Often or Date Due?	How Where to Record Progress?	Notes
1.				
2.				
3.				

(Check all that apply)

This Action plan enhances:  Independence  Skill Development  Integration  Productivity