# Weekly Rehab Calendar

_A form to help you and your loved one track his or her rehabilitation goals and successes._

## Rehab Calendar

### Schedule of Activities

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**The name, phone number, and job of each person on the rehab team:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Questions and concerns to talk about with the program staff:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Goals for the week (include check marks showing which plans have been carried out and which goals have been reached):**

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

For additional tools for caregiving or aging, visit [www.CaregiversLibrary.org](http://www.CaregiversLibrary.org)
Smaller successes (little steps taken to reach larger goals):

☐ __________________________________________________________________________

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Adapted from Recovering After a Stroke, AHCPR Publication No. 95-0664, prepared by the Agency for Healthcare Policy and Research.

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