

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

When	
Where	
When	
Where	
When	
Where	

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):

<input type="checkbox"/>	<hr/>
<input type="checkbox"/>	<hr/>
<input type="checkbox"/>	<hr/>
<input type="checkbox"/>	<hr/>
<input type="checkbox"/>	<hr/>
<input type="checkbox"/>	<hr/>

Smaller successes (little steps taken to reach larger goals):

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

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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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