

TREATMENT PLAN FOR THE MONTH OF _____

Goal 1: Learning about my injury

Commitment: Write head injured moments in my notebook.

Progress: I had written ____ at the end of last month. I have written ____ as of today. That means that I wrote ____ this month.

Goal 2: Keeping appointments, keeping an activity record, and planning my use of time

Commitment: Keep a daily schedule planned one day in advance

Progress: This month, I wrote and followed a partial schedule on ____ days and a complete schedule, with every hour filled out, on ____ days out of ____ or ____%.

Goal 3: Preventing Myself From Forgetting and Losing Information

Commitment: Make notes or tape recordings as a permanent record of information I will need later

Progress: This month, I left ____ reminder notes and ____ of them worked.

This month, I made ____ notes or tapes for my permanent files.

Goal 4: Learning How to Prevent Head-Injured Moments

Commitment: Do Analysis forms to learn when I am most prone to head-injured moments.

Progress: This month, I completely filled out ____ Analysis forms including partner feedback.

What I Learned: I tend to have head-injured moments when: _____

Goal 5: Improving My Control of My Thoughts and Actions

Commitment: Do regularly scheduled exercises to improve my brain power.

I am doing _____ therapy ____ times per week.

My score went from _____ to _____.

I am doing _____ therapy ____ times per week.

My score went from _____ to _____.

I am doing _____ therapy ____ times per week.

My score went from _____ to _____.

I am doing _____ therapy ____ times per week.

My score went from _____ to _____.

I am doing _____ therapy ____ times per week.

My score went from _____ to _____.

Signature of Self-Therapist

Signature of Therapy Helper

Date and Time of Next Treatment Planning Meeting: _____