

**Disability Prevention and Rehabilitation Program
Rehabilitation Goal and Planning for Persons with Disabilities**

(Goal Setting and Planning Form)

Details of the Person with Disability

Name:

Municipality:

Ward No.:

Age:

Three-Year Rehabilitation Goal (from to)

1.

2.

3.

4.

5.

**Annual Rehabilitation Goal, Plan, Services Provided, and Progress
First Year (from to)**

(Health)	(Details)
(Current Condition/Problem)	
(Annual Goal)	
(Intervention Plan)	
(Activity done/service provided)	

(Progress/improvement achieved)	
(Further plan)	

(Education)	(Details)
(Current Condition/Problem)	
(Annual Goal)	
(Intervention Plan)	
(Activity done/service provided)	
(Progress/improvement achieved)	
(Further plan)	

(Livelihood)	(Details)
(Current Condition/Problem)	
(Annual Goal)	
(Intervention Plan)	
(Activity done/service provided)	
(Progress/improvement achieved)	
(Further plan)	

(Social Inclusion)	(Details)
(Current Condition/Problem)	
(Annual Goal)	
(Intervention Plan)	
(Activity done/service provided)	
(Progress/improvement achieved)	
(Further plan)	

(Empowerment)	(Details)
(Current Condition/Problem)	
(Annual Goal)	
(Intervention Plan)	
(Activity done/service provided)	
(Progress/improvement achieved)	
(Further plan)	