## COGNITIVE REHABILITATION OBJECTIVES AND THERAPY RATING FORM

Client:					_ Date:			
Clinician					_ Supervisor			
Treatment schedule x's week for					(min/hours)			
Hours attended/h	ours schedule _							
Therapy Goals:			Date Begun		Date Ended			# weeks in tx.
1. Computerized	l Cognitive Reh	ab						
2								
Months in tx (ma	urk X through pa	rtial or whole m	onth)					
JAN FEB	MAR APR	MAY JUN	JUL	AUG	SEP	OCT	NOV	DEC
Specific Objectiv	ves for this repor	ting period:						
1								
2								
3								
Patient is able to	articulate goals	of traatmant:	□ Yes		🗆 No			
	C							
Comment								
Patient self-rate t	oward objective	s this pariod						
Objective 1.	□ Very poor	•		□ 0	k		Good	□ Excellent
Objective 2.	□ Very poor						Good	
Objective 3.	□ Very poor						Good	
Patient's commer							0000	
Clinician's Progre	ess Rating Com	parison: 🗆 A	gree		mewhat	agree	🗆 Di	sagree
Patient's satisfact	tion rating with	Cognitive Rehab	ilitation Se	ervices				
$\Box$ Very poor		or	□ Ok		□ Good			□ Excellent