

PEER SUPPORT PROGRAM GOALS & OUTCOMES

CLIENT NAME	D.O.B. (yr.mo.dy.)
PEER SUPPORT WORKER	THERAPIST

GOAL(S) <small>(Therapist/rehab staff's reason for referral to PSW)</small>	DATE:

OBJECTIVES AND PLAN <small>(Therapist/rehab staff and PSW)</small>	DATE:
	A.
	B.
	C.

CLIENT'S SIGNATURE

**PEER SUPPORT PROGRAM
GOALS & OUTCOME SHEET**

OUTCOME/SUMMARY

OUTCOME <small>(Notes by PSW – was the goal achieved, accomplishments, strengths and areas of difficulty)</small>	DATE:

RECOMMENDATIONS (OPTIONAL)	

OUTCOME SCALE	OBJECTIVES	(1) Not Much Progress	(2) Satisfactorily Achieved	(3) Exceeded Expectations
	A			
B				
C				

PEER SUPPORT WORKER SIGNATURE

THERAPIST'S/REHAB STAFF SIGNATURE
