

# Vocational recovery plan

**Worker's name** \_\_\_\_\_ **Date** \_\_\_\_\_

**What are the worker's goal(s)?**

.....

.....

.....

**What is being done to achieve the worker's goal(s)?**

.....

.....

.....

**What needs to happen before the worker can go back to work?**

.....

.....

.....

**Next steps**

Worker	Target date	Done
.....	.....	<input type="checkbox"/>
.....	.....	<input type="checkbox"/>
.....	.....	<input type="checkbox"/>
.....	.....	<input type="checkbox"/>
.....	.....	<input type="checkbox"/>
Vocational rehabilitation counselor	Target date	Done
.....	.....	<input type="checkbox"/>
.....	.....	<input type="checkbox"/>
.....	.....	<input type="checkbox"/>
.....	.....	<input type="checkbox"/>

If you find you don't have what you need to be successful, please contact me:

Phone \_\_\_\_\_ Email \_\_\_\_\_

I will call/meet you on \_\_\_\_\_ at \_\_\_\_\_ to check in on how you're doing.