

Quality of Life Teaching Area Date	Duration of Teaching (Minutes)	Caregiver Initial	Identify Sequence of task						Degree of support needed					
			Unable	1	2	3	4	Able	Significant	1	2	3	4	Ordinary
1														
2														
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30														
31														
Total														
%														

Print Name

Signature

Initial

Monthly Progress & Recommendations:

QMRP Signature: _____ Date: _____

Quality of Life Teaching Plan: _____ of _____
QoCL-017