(Rev. 02/2015)

Community First Choice: Skills Acquisition/Training Plan

Member Name:	Medicaid ID Number:	Employee Name(s):

Your Identified Skill is:

Your Identified Goal is:

This is considered a (check one) ☐ ADL ☐ IADL

The steps you will work on with your PCA to gain this skill include the following:

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In the table below, record (or, have your attendant record) the action step you've taken to reach your goal.

Date	PCA Initials	Record of Activity	Result

Member/PR Signature: Date:	Agency Signature: Date: