

Community First Choice: Skills Acquisition/Training Plan

Member Name:	Medicaid ID Number:	Employee Name(s):
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<p>Your Identified Skill is:</p>
<p>Your Identified Goal is:</p>
<p>This is considered a (check one) <input type="checkbox"/> ADL <input type="checkbox"/> IADL</p>
<p>The steps you will work on with your PCA to gain this skill include the following:</p> <ul style="list-style-type: none"> • • • •

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:
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