**Individual Rehabilitation Update/Continued Stay**

**Name: Date:**

**Period of Review:**

**Description of Services:**

**Individual’s participation/response to service**

**Summary of progress or lack of progress:**

**Changes to IRP: (if any)**

**Need for Continued Stay**

**Individual chooses to continue participating in PR**

**AND**

**Individual continues to have skill deficits that are being addressed in the IRP (explain)**

**AND/OR**

**Withdraw of services could result in a loss of the individual’s gains and/or goals (explain)**

**Name: Date:**

**PR Staff: Date:**

**PR Director: Date:**