



<b>Seizure Frequency (Times per month)</b>

<b>Day Programs:</b>

<b>Family Contact (Home visits/facility visits/phone/letters):</b>

<b>Community and Leisure Activities:</b>

<b>Vacation Trips:</b>

<b>Special Incidents:</b>

**IPP OBJECTIVES**  
**Indicate Progress and Include Summary of Data**

<b>Objective #</b>

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**Signature of Residential Administrator**

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**Date**