



**the  
Chickasaw Nation**  
Division of Education  
Vocational Rehabilitation Program

**Bill Anoatubby**  
Governor

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**ANNUAL PROGRAM REVIEW**

<b>Consumer name:</b>		<b>Case number:</b>	
<b>County:</b>		<b>Counselor:</b>	

This review was done with the consumer  in person  on the phone.  
 The consumer was not available for the review.

<b>Date of IPE or latest amendment made to IPE:</b>		<b>Employment goal:</b>		<b>Current case status:</b>	
<b>Length of time in this status:</b>		<b>Participating actively:</b>		<b>Making progress:</b>	

**Description of the reasons the above determinations were made:**

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**Has the consumer's Employment Goal changed since the last Annual Review?**  Yes  No

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**Has the consumer's goals or objectives changed since the last Annual Review?**  Yes  No

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**Has the services provided to the consumer changed since the last Annual Review?**  Yes  No

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**Have there been significant changes in the consumer's life that will affect the plan?**  Yes  No

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**Consumer's comments:** \_\_\_\_\_  
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**Consumer's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Counselor's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_