

Community Mental Health for Central Michigan  
**Pre-Vocational Service Progress Notes**

**Consumer Name:** \_\_\_\_\_ **Consumer ID:** \_\_\_\_\_

**Pre-Vocational Service Goal/Objective in PCP:**

---

---

---

---

**Date:** \_\_\_\_\_ **Start Time:** \_\_\_\_\_ **Stop Time:** \_\_\_\_\_

Please provide a narrative on what occurred with this consumer (so if an outsider were reading this, they would be able to reconstruct your shift). If additional space is needed, please use the back side of this progress note.

---

---

---

---

\_\_\_\_\_  
*Staff Signature/Credentials* \_\_\_\_\_ *Date* \_\_\_\_\_

---

**Date:** \_\_\_\_\_ **Start Time:** \_\_\_\_\_ **Stop Time:** \_\_\_\_\_

Please provide a narrative on what occurred with this consumer (so if an outsider were reading this, they would be able to reconstruct your shift). If additional space is needed, please use the back side of this progress note.

---

---

---

---

\_\_\_\_\_  
*Staff Signature/Credentials* \_\_\_\_\_ *Date* \_\_\_\_\_

---

**Date:** \_\_\_\_\_ **Start Time:** \_\_\_\_\_ **Stop Time:** \_\_\_\_\_

Please provide a narrative on what occurred with this consumer (so if an outsider were reading this, they would be able to reconstruct your shift). If additional space is needed, please use the back side of this progress note.

---

---

---

---

\_\_\_\_\_  
*Staff Signature/Credentials* \_\_\_\_\_ *Date* \_\_\_\_\_