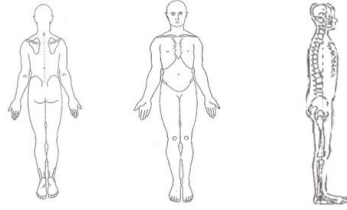


Name: _____ Date: / / Day: M T W Th F S S



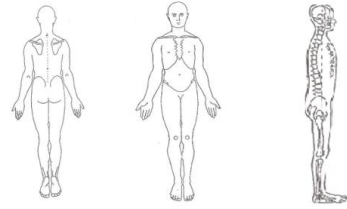
Subjective

Objective

Action

Plan

Name: _____ Date: / / Day: M T W Th F S S



Subjective

Objective

Action

Plan