

**Human Resources Center, Inc.  
Life Sharing Goal Plans  
MONTHLY PROGRESS NARRATIVE**

*Individuals Name:* \_\_\_\_\_

*Month/Year* \_\_\_\_\_ *Goal:* \_\_\_\_\_

*Narrative:* \_\_\_\_\_

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*LSP Signature/Date* \_\_\_\_\_

*Progress Reviewed. Goal Plan will continue.*

*LSC Signature/Date* \_\_\_\_\_

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*Month/Year* \_\_\_\_\_ *Goal:* \_\_\_\_\_

*Narrative:* \_\_\_\_\_

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*LSP Signature/Date* \_\_\_\_\_

*Progress Reviewed. Goal Plan will continue.*

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*Please note that there must be a SEPARATE sheet for each goal. There may be more than one month per sheet.*

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