

Stroke Recovery Progress Report

Date: **[Insert Date]**

Patient Name: **[Insert Patient Name]**

Therapist Name: **[Insert Therapist Name]**

Recovery Milestones Achieved

- **Week 1:** Initial assessment and goal setting
- **Week 2:** Improved ability to sit upright without assistance
- **Week 4:** Progress in speech therapy; basic communication restored
- **Week 6:** Increased mobility; independent movement with walker
- **Week 8:** Ability to perform daily activities with minimal help
- **Week 10:** Return to social activities; participation in group therapy

Overall Assessment

The patient has shown remarkable progress in the past weeks, demonstrating improvements in physical mobility, cognitive function, and emotional well-being. Continued support and therapy are recommended to build on these successes.

Next Steps

Focus on the following areas in upcoming sessions:

- Enhancing fine motor skills
- Increasing strength and endurance
- Continuing speech rehabilitation exercises
- Setting new short-term goals for sustained motivation

Thank you for your dedication to recovery! For any queries or to discuss the progress further, please contact me at **[Insert Contact Information]**.