

# Cognitive Rehabilitation Assessment Checklist

Client Name

Date

Assessor

## Cognitive Domains

Domain	Observed Deficit	Severity (None/Mild/Moderate/Severe)	Comments
Attention			
Memory			
Language			
Executive Function			
Visuospatial			
Processing Speed			

## Functional Impact

Activity	Impairment Present	Notes
Self-care		
Work/School		
Social Interaction		
Community Mobility		

## Goals

Enter client's goals for cognitive rehabilitation...

## Additional Notes

Add any observations or recommendations here...

Assessor Signature

Next Review Date