Department of Labor and Industry
Workers' Compensation Division
651-284-5032 or 800-342-5354

Reset

Plan Progress Report

PR01

DO NOT USE THIS SPACE

Print in ink or type
Enter dates in MM/DD/YYYY format

1. Date of this report			
2. WID number or SSN	3. Date of injury		
4. Employee name			
5. Employee address			
City	State	ZIP code	6. Date of rehabilitation consultation: (#29 on R-2)

7. Employer name	8. Employer contact person	9. Phone number

10. Insurer claim number			15. QRC name		
11. Insurer/self-insurer/TPA			16. QRC firm		
12. Insurer address			17.Address		
City	State	ZIP code	City	State	ZIP code
13. Claim representative	14. Phone number		18. QRC #	19. QRC firm #	20. Phone number

21. Is the employee released to return to work? ☐ Yes, with restrictions ☐ Yes, without restrictions ☐ No — Medical report date

22. Current work status: ☐ Not working ☐ Part time ☐ Full time ☐ Seasonal layoff — If working, is this a temporary job? ☐ Yes ☐ No

23. Is the plan still current? ☐ Yes ☐ No

24. Costs	Plan costs to date	+	Other costs necessary to complete plan	=	Estimated total cost
		+		=	$ 0.00

25. Plan duration from plan filing date (in weeks)	Duration to date	+	Expected additional duration to plan completion	=	Estimated total duration
		+		=	0

26. Do barriers to successful completion of the rehabilitation plan exist? ☐ Yes ☐ No

If yes, list these on a separate sheet along with the measures to be taken to overcome those barriers, and attach it to this form.

QRC Signature	Date	QRC Intern Supervisor Signature	Date

This form is required to be filed 6 months after filing the R-2 (unless an R-3 is filed 15 days before or after 6 months have passed since the R-2 filing date). See Minnesota Rules 5220.0450, subp. 3 A. Send copies to the employee, insurer and attorney(s). Send to the date-of-injury employer if the goal of the rehabilitation plan is to return to work with that employer.

This form and access to the electronic submission format is located at www.dli.mn.gov/WC/WcForms.asp. The form can be made available in different formats, such as large print, Braille or audio. To request, call (651) 284-5032 or 1-800-342-5354.

Any person who, with intent to defraud, receives workers' compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to Minnesota Statutes § 609.52, subd. 3.