

Treatment Plan

Client Name(s): _____ **Date:** _____

For Minors: Parent(s)' Name(s): _____

For each client goal, problem, and/or diagnosis, state the proposed treatment plan. The treatment plan must include measurable goals, spelled out in specific, behavioral terms. Please list the interventions in the order in which they will be delivered.

You may write your treatment plan in list form, or use the following grid (which contains an example):

Problems	Goals and how goal will be assessed	Plan (with possible obstacles in parantheses)	Level of support	Approx. No. Of Sessions
1.	a.			
2.	a.			

I understand the above treatment plan. I agree with the goals specified and also with the procedures proposed to assist in the attainment of these goals.

Client Signature: _____ **Date:** _____

Therapist Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

Mother - CPRS and Side Effect Data

