

(Note: This is not a form to be filled out. It is intended as an example of an acceptable and simple template, feel free to adapt it to fit client specific needs, for example, add additional sections, add more space in specific sections, etc.)

Revised 10/22/2019

Treatment Plan

Participant Name:

Overall Goal as Stated by Participant/Family:

Goals/Outcomes	Services, Supports, and Actions	Date Identified	Target and Completion Dates

Estimated Completion/Discharge Date _____

Progress Update:

Date: _____

Provider Signature _____ **Date:** _____

Participant/Guardian Signature _____ **Date:** _____