

Treatment Plan

1. Client Name:

Religion/Faith	Date Submitted	Date Next Review (30,60, 90 day)
Worker Name:		

2. Long-Range Goal For Permanency/Treatment

Treatment Goal:	
Projected Date for Achieving Treatment/	Estimated Length of Stay in Treatment

INTAKE HISTORY

3. Initial Social History

Include circumstances that led to the need for Treatment, Interests, Skills, Behaviors, and Personality.

Describe the family's view of the person's interests, skills, behaviors (appropriate and inappropriate), and personality.

Developmental History:

Discuss person's developmental history.

School History:

List the schools and Educational Background. Indicate if they have been in special education or any special school programs.

Other History:

Discuss 1) any history of abuse or neglect;
2) any history of previous placements; give the dates and reasons for each placement, to the extent known;
3) any history of involvement with the justice system; and
4) any history of substance abuse.

Family:

Give information about the person's parents and their backgrounds, their relationship/marriage, their employment, their interests/activities/achievements. Include information about problems they may have had, including any criminal history, any abuse and neglect history, and any history

of substance abuse. Give information about the family history. Include information about siblings. Identify the people who are or have been most important in the person's life, including adults and children, and indicate where they can be found, how well the person knows them, and whether they have cared for the person (e.g. parents, sibs, extended-family members, other caregivers.) Indicate which of these persons have an ongoing relationship with the client.

4. Initial Genetic History

Summarize information about the birth family (both parents, all grandparents, siblings, extended family) that may be pertinent to the person's genetic heritage (e.g., racial backgrounds, health histories, causes of death, educational and professional achievements, psychological evaluations, criminal histories).

RESULTS OF INITIAL ASSESSMENTS

Worker Observations about person's Personality, Behavior, Special Interests and Talents

Basic Needs

All people in treatment have basic needs. They require food, shelter, and clothing; routine medical and dental care; safe, stimulating, and nurturing environments; and friendships and recreational activities appropriate to their ages—This section will be for other needs.

Specific Needs

Social and Emotional Needs

Describe adjustment to current placement if other than home. Address separation issues, strengths, and unique socialization needs.

Educational Needs

Describe the person's current educational needs and adjustment to school. Include strengths. If person has had an ARD or has an IEP, include information regarding dates and issues. Include

any limitations in the person's English-speaking proficiency. If school changed, update on Education History window.

Developmental Needs

Describe current developmental needs. If the person is mentally retarded or developmentally delayed, describe the special education resources and training available to them.

Medical and Dental Needs

Describe current health. Include current medication. Specify needs identified in previous physical and dental exams, additional exams needed for further evaluation, medical treatments required for physical disabilities, and any need for eyeglasses or an eye exam.

Special Physical Needs

Describe special, non-medical physical needs, include clothing, dietary requirements, and exercise and activities needed for physical development. Include strengths.

Therapeutic Needs

Family Needs

Discuss the therapeutic issues regarding need for family contact.

Psychological Needs

List psychiatric and psychological evaluations and their results. State any diagnosis, prognosis, recommendations and estimated length of treatment.

Recreational Needs

List both physical and recreational needs. Consider listing hobbies, sports, special recreational interests, extracurricular school activities, church activities, and organized community-group activities.

Post- Discharge Objectives

Describe the situation that will exist after the person's discharge from treatment/placement. Be specific. Identify ALL of the following situations: Education, employment, housing, and guardianship, when applicable.

Placement Needs (If Needed)

Type of Placement Treatment Facility

Indicate the type of current. Indicate type of care: emergency, basic, habilitative, therapeutic, primary medical needs.

Appropriateness and Safety of Placement Treatment Facility

Describe how current placement is appropriate and meets persons needs, including those of permanency, health, safety, proper care, least restrictiveness (most family like), close proximity to the home, close proximity to the school/employment. If not, explain.

Objective of placement Treatment Facility

The objectives of this placement are to protect the person from abuse and neglect, and to provide the child with care that meets the person's needs for treatment/permanency, safety and well being. Additional objectives are:

Concurrent / Alternative Goal For Treatment

Describe the concurrent / alternative Treatment plan/goal.

Action/Task Plans
Services to Meet Needs

1. Need	
Task	Responsible Party
Time Frame	Time Frame
Method of Evaluation	

2. Need	
Task	Responsible Party
Time Frame	Time Frame
Method of Evaluation	

3. Need	
Task	Responsible Party
Time Frame	Time Frame
Method of Evaluation	

 Signature-Worker

 Date

 Signature-Client (Optional)

 Date