

INDIVIDUAL TREATMENT PLAN (Cont'd.)

This portion to be repeated for each problem

PROBLEM # _____

PROBLEM STATEMENT:

GOAL(S):

OBJECTIVES: (Includes methods and frequency as evidenced by written task, reading assignments, role plays, and the spontaneous sharing of thoughts and feelings):

- 1. Open date: _____ Target date: _____ Close date: _____
- 2. Open date: _____ Target date: _____ Close date: _____
- 3. Open date: _____ Target date: _____ Close date: _____
- 4. Open date: _____ Target date: _____ Close date: _____

Statement of responsibility: I have participated with my primary counselor in the development of my individual treatment plan. I understand and have agreed to participate in the activities stated herein. I understand the treatment plan may be revised and/or modified at any time during its duration, at which time I will participate in developing the revisions and/or modifications.

I have reviewed the information contained in this treatment plan and concur with its content.

Patient Signature: _____ Date: _____

Primary Counselor: _____ Date: _____

LIP: _____ Date: _____

Patient Name	Rank/Grade	Sex
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