

Client Name:**Counselor Name:**

Date	Problem Statement			
Goals				
D/C Criteria	Objectives <i>What will the client say or do? Under what circumstances? How often will he/she say or do this?</i>			
Interventions <i>What will the counselor/staff do to assist client? Under what circumstances?</i>		Service Codes	Target Date	Resolution Date
Participation in Treatment Planning Process				
Participation by Others in the Treatment Planning Process				
Note: All participants may not have participated in every area.				
Client Signature/Date				
Counselor Signature/Date				

I=Individual
R=ReadingG=Group
M=MediaF=Family
V=Videotape**Service Codes**
C=Couples
A=AudiotapeP=Psychoeducational
R=Referral

H=Homework