SAMPLE INDIVIDUAL TREATMENT PLAN (ITP)

Client Name: _____

Date of ITP: _____

Date of Corresponding DA: _____ Date of Corresponding FA: _____

Update on Progress or Barriers of previous Objectives

Rehab Treatment Goal	Objective(s)	Progress Narrative for Objectives
1.	1. 2.	
2.	1. 2.	
3.	1. 2.	
4.	1. 2.	
5.	1. 2.	

Recovery Vision

Strengths and Resources that can lead to achieving this Recovery Vision

Functional Barriers which influence the achievement this Recovery Vision

Cultural Considerations in the design or delivery of ARMHS:

Other Factors to Consider

Service Preferences

Service Coordination

Service	**Provider**	**Contact Interval**	**Form of Contact**

Referrals

Service Needed	**Potential Provider**	**Staff Member responsible for making referral**	**Timeline to Submit Referral**

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Rehabilitation Treatment Goal:	
Objective:	
Current Baseline Measurement:	**Targeted Measurement:**
☐ **Targeted Skill to be learned or generalized:** _____	How _____ will learn or generalize this skill
Staff Interventions	Needed Materials, Tools…
☐ **Develop/Use Community Resources:**	How _____ will develop or learn how to use this community resource
Staff Interventions	Needed Materials, Tools…
☐ **Develop /Use Natural Support Network:**	How _____ will develop or learn how to use this natural support:
Staff Interventions	Needed Materials, Tools…
ARMHS Services: ❍ Basic Living Social Skills ❍ Medication Education ❍ Comm. Intervention ❍ Peer Support Services ❍ Transition to Community Living	
Modality 1:1 ☐ Group ☐ Frequency of Session: Length of Session	
Staff Member(s) Responsible (Name/Title)	

Signature Lines:

Client: _____ date _____

If client is not able to sign, please state reason: _____

MH Practitioner _____ date _____ Other _____ date _____

MH Clinical Supervisor _____ date _____ Other _____ date _____