Treatment Planning Checklist

Client Name: **Date:**

GOAL SETTING

- Identify Long-Term Goals ○
- Identify Short-Term Goals ○

INTERVENTIONS

- Individual Therapy ○
- Group Therapy ○
- Family Therapy ○
- Medication Management ○

SUPPORT SERVICES

- Peer Support Groups ○
- Community Resources ○
- Case Management ○

MONITORING AND EVALUATION

- Regular Progress Reviews ○
- Adjustment of Treatment Plan as Needed ○
- Client Feedback on Treatment ○

CRISIS PLAN

- Emergency Contact Information ○
- Crisis Intervention Strategies ○
- Safety Planning ○

Client Signature: _____

Clinician Signature: _____