

SAMPLE INDIVIDUAL TREATMENT PLAN (ITP)

Client Name: _____

Date of ITP: _____

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

A Written Review of Progress on Previous Objectives for Individual Treatment Plan _____
Date

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

Interpretive Summary

About the Person

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

Preferences

Priorities for the next Individual Treatment Plan

Service Coordination

Service	Provider	Contact Interval	Form of Contact

Referrals

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

