Date

SAMPLE INDIVIDUAL TREATMENT PLAN (ITP)

Date of ITP:		_
Date of Corresponding DA:	Date of Corresponding FA:	

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

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

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Recovery Vision	Functional Barriers		Strengths/Resources	
Rehabilitation Treatment Goal:				
Objective(s):				
Rehabili ARMHS Services: O Basic Living Social Skills O Peer Support Services Other Service: O	O Medi	terventions ication Education ition to Community I		
Targeted Skill to be learned or generalized	d:	How will lear	n or generalize this skill	
Staff Interventions		Needed Materials, Te	pols	
Develop/Use Community Resources: Staff Interventions		How will dev community resource	elop or learn how to use this	
		Needed Materials, To	pols	
Develop /Use Natural Support Network: Staff Interventions		natural support:	elop or learn how to use this	
		Needed Materials, To	pols	
Current Baseline Measurement:		Targeted Measurer		
Modality 1:1 Group Frequency of Session: Length of Session		Interven Start Date: End Date:	tion Time Frame	
Staff Member(s) Responsible (Name/Title)				
Signature Lines:				
Client: If client is not able to sign, please state reason:			date	
MH Practitioner	date	Other	date	
MH Clinical Supervisor	date	Other	date	