



Early Intensive Behavioral Intervention Autism Spectrum Disorder Service Request Form

Treatment Plan - Sample -

Goal #1: (i.e. Coping Behavior, Cognitive, Receptive Language)

Date	Objective	Strategy	Progress towards Outcome	Projected Date of Mastery
Initial ITP Plan Date (i.e. 8/1/09)	Should state activity and optimal quantitative result <i>(i.e. Will actively rely on adults to solve problems and meet needs 80% of time)</i>	Should state the methods involved with helping the patient reach his/her objective <i>(i.e. Use of visual cues and prompts)</i>		The estimated date when the patient should be able to master the objective.
First Review Date (180 days) (i.e. 2/1/10)			This would be filled in as progress is achieved. This section would be used to record progress made at the 6-month concurrent review intervals. This section must include some content, even if it indicates that the goal has been suspended.	
Second Review Date (180 days) (i.e. 8/1/10)			This would be filled in as progress is achieved. This section would be used to record progress made at the 6-month concurrent review intervals. This section must include some content, even if it indicates that the goal has been suspended.	

The Treatment plan section could go on to include as many goals as the provider wishes to identify and work on.



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Treatment Plan

Goal # :

Date	Objective	Strategy	Progress towards Outcome	Projected Date of Mastery
Initial Request				
Review #1				
Review #2				
Review #3				

Please make additional copies of this page for subsequent treatment goals.



**Early Intensive Behavioral Intervention
Autism Spectrum Disorder Service Request Form**

Discharge Planning

Signatures

Clinical Supervisor / credentials

Date

Lead Behavior Therapist/credentials

Date

Parent/Guardian Signature

Date