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**Free Autism Treatment Plan Form**

# Client Overview

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| --- | --- |
| Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Age: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Diagnosis: | Autism Spectrum Disorder (ASD) |
| Developmental Level: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Baseline Data

|  |  |
| --- | --- |
| Assessment Tools Used: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Key Findings: | • Limited verbal communication • Requires assistance with transitions • Displays hand-flapping during tasks |

# Treatment Goals

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| --- | --- |
| Goal 1: | Increase use of functional communication. |
| Goal 2: | Improve ability to transition between activities. |
| Goal 3: | Reduce frequency of self-stimulatory behaviors. |
| Goal 4: | Increase engagement in peer play. |

# Chosen Interventions

|  |  |
| --- | --- |
| ABA Therapy: | ☐ Yes ☐ No |
| Speech Therapy: | ☐ Yes ☐ No Frequency: \_\_\_\_\_\_\_\_\_\_ |
| Occupational Therapy: | ☐ Yes ☐ No Frequency: \_\_\_\_\_\_\_\_\_\_ |
| Other Supports: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Progress Monitoring Plan

|  |  |
| --- | --- |
| Data Collection Method: | ☐ Session Notes ☐ Charts ☐ Software |
| Review Frequency: | ☐ Weekly ☐ Monthly ☐ Quarterly |
| Responsible Team Members: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Adjustment Protocol: | Goals reviewed and updated quarterly based on progress. |

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