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Free Autism Treatment Plan Form

Client Overview

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

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.

View our website for more helpful guides:
https://casemanagementhub.org/
