

UNIVERSITY of HOUSTON

Psychology Research & Services Center (PRSC)



Treatment Plan

Client: _____ Case #: _____ Date: _____

Expected Number of Sessions: _____

Treatment Goals:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Treatment Strategies:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

The above treatment goals have been discussed and the strategies agreed upon.

Client Signature

Date

Staff Signature

Date

Supervisor Signature

Date

Note: Modification of this Form requires approval of OGC