INITIAL DEVELOPMENT PLAN

Nam e: DOB: PROJECTED GRADUATION DATE:

**Presenting Problem # 1:**

**Desired Change:**

**Presenting Problem # 2:**

**Desired Change:**

**Presenting Problem # 3:**

**Desired Change:**

**Presenting Problem # 4:**

**Desired Change:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_have read or have had read to me this treatment plan goal and will abide by the treatment plan set for me by my therapist. By signing this agreement, I acknowledge that I have been explained what is

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client’s Signature \_\_\_\_\_\_\_\_\_Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Counselor’s Signature \_\_\_\_\_\_\_\_\_Date