



Dr. Colleen Ryan, PhD
Licensed Clinical Psychologist
Autism Spectrum Disorders Specialist

Childhood Autism Treatment Team
P.O. Box 192, 106 Main St
Palmyra WI53156
www.chattautism.com

262-370-7744 (Scheduling)

262-370-5527 (Billing)

262-495-8689 (Fax)

**Childhood Autism Treatment Team
Quarterly (3-month) Treatment Plan**

Identifying Information:

Report Data: (to check a box, right-click, Properties, mark 'checked')
Date of Report (MM/DD/YY):
Report describes: <input type="checkbox"/> Q1:Jan-Mar <input type="checkbox"/> Q2:Apr-Jun <input type="checkbox"/> Q3:July-Sep <input type="checkbox"/> Q4:Oct-Dec
Report Type: <input type="checkbox"/> Initial Treatment Plan <input type="checkbox"/> Updated Treatment Plan

Patient Data:
Name of Child:
Date of Birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Diagnosis: 299.00 Autistic Disorder

Assessment History/Ongoing Progress: <i>Provide a brief narrative summary of initial assessment history (initial treatment plan) or provide a brief summary of the child's progress during therapy (updated treatment plan).</i>

Report Data:

Description of Problem: <i>Provide a general description of the problem or skill deficit and any observational evidence that supports that conclusion.</i>

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Goal Description: <i>Provide goals that are specific, measurable, achievable and targeted at the problem described above.</i>	Methods: <i>List the method used to achieve your goal (initial treatment plan) or describe Ongoing Progress (updated treatment plan)</i>	Target Date: <i>Projected Date of Mastery or Reassessment (MM/YY)</i>
(1)		
Baseline:		
(2)		
Baseline:		
(3)		
Baseline:		
(4)		

Baseline:		

Copy or reprint this page for additional Problems & Goals

Transition and Crisis Information:

Transition plans to school-based services or least restrictive environment, if applicable	Services are provided in conjunction with school. Provider will consult with school to ensure appropriate coordination of services.
Discharge criteria	XXXXX will be discharged when she no longer meets the diagnostic criteria for autism spectrum disorder or is not making progress toward meeting her goals.
Individualized steps for the prevention and/or resolution of crisis	<ol style="list-style-type: none"> 1. Assess potential triggers for crisis via interviews with parents and other relevant personal. 2. Identify behavioral strategies that have been effective in resolving past crises. 3. If behavioral crisis is likely, create behavioral plan based on assessment of individual. 4. Where applicable, apply reinforcement of behaviors inconsistent with crisis activity. 5. Implement crisis intervention strategies as detailed in behavioral plan. 6. Provide for safety of client and staff by removing opportunities for immediate physical harm to client or others. 7. If potential for harm cannot be removed, contact crisis numbers specific to client locality (local police department or hospital).
Active steps or self-help methods to prevent, de-escalate, or defuse crisis	<ol style="list-style-type: none"> 1. Assess potential triggers for crisis via interviews with parents and other relevant personal. 2. Identify behavioral strategies that have been effective in resolving past crises. 3. If behavioral crisis is likely, create behavioral plan based on assessment of individual. 4. Where applicable, apply reinforcement of behaviors inconsistent with crisis activity. 5. Implement crisis intervention strategies as detailed in behavioral plan. 6. Provide for safety of client and staff by removing opportunities for immediate physical harm to client or others. 7. If potential for harm cannot be removed, contact crisis numbers specific to client locality (local police department or hospital).

Names and phone numbers of contacts that can assist member in resolving crisis	XXXXX Police Department - (xxx) xxx-xxxx XXXXX Memorial Hospital - (xxx) xxx-xxxx <i>(samples only)</i> XXXXX County Crisis Intervention - (xxx) xxx-xxxx
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Review and Signoff:

Group: Childhood Autism Treatment Team

Submitted By: _____

Title: _____

Submitted To: _____

Psychologist Signature: _____

Date: _____