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Autism Spectrum Disorders Specialist

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

Identifying Information:

Report Data: (to check a box, right-click, Properties, mark 'checked')
Date Report Submitted (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
Treatment Report Type: <input type="checkbox"/> Initial Plan <input type="checkbox"/> Updated Plan <input type="checkbox"/> Final/Discharge Plan

Patient Data:
Name of Child:
Date of Birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Who does child live with & relationship:
City Child Resides in:
Diagnosis: 299.00 Autistic Disorder
Date of Diagnosis:
Where/Who Diagnosed:
School Attending:
Grade:
Services Received at School & Frequency: <input type="checkbox"/> OT _____ <input type="checkbox"/> PT _____ <input type="checkbox"/> ST _____ <input type="checkbox"/> Adaptive Gym _____ <input type="checkbox"/> Other _____
List Services Received Outside of School & Frequency:
Current CHATT Treatment Team (include names and degree information):

Please Summarize the Behavioral Health History of Child (including, but not limited to, services

child received before ABA, any behavioral intervention from hospitals/outpatient providers; please include dates of service):

Please Summarize the Medical Health History of Child *(including, but not limited to, pregnancy health information, any significant medical issues the child has had, and all medication- including start date & currently dosage- the child is currently taking):*

Identifying Information: *Provide a brief narrative summary of initial identifying information and assessment history (initial treatment plan), including current treatment goals:*

Ongoing Progress: *Please provide a brief summary of the child's progress over the past 3 months of therapy:*

Report Data:

Description of Problem #1: *Provide a description of the struggle or skill deficit and any observational evidence that supports that conclusion.*

Description of Problem #1: <i>Provide a description of the struggle or skill deficit and any observational evidence that supports that conclusion.</i>		
Goal Description:	Methods:	Target Date:
<u>List the specific goal the team is targeting.</u> <i>(Provide goals that are specific, measurable, achievable and targeted at the problem described above.)</i>	<u>List the specific programs implemented to address goal & current baseline understanding:</u> <i>(List the program method used to achieve your goal, date program was started, or current baseline/level of understanding- obtained through adding all percentages and dividing by the number of items added)</i>	<u>Projected Date of Mastery or Reassessment</u> <i>(MM/YY)</i>
(1)		
(2)		
(3)		

Description of Problem #2: *Provide a description of the struggle or skill deficit and any observational evidence that supports that conclusion.*

Description of Problem #2: <i>Provide a description of the struggle or skill deficit and any observational evidence that supports that conclusion.</i>		
Goal Description:	Methods:	Target Date:
<u>List the specific goal the team is targeting.</u> <i>(Provide goals that are specific, measurable, achievable and targeted at the problem described above.)</i>	<u>List the specific programs implemented to address goal & current baseline understanding:</u> <i>(List the program method used to achieve your goal, date program was started, or current baseline/level of understanding- obtained through adding all percentages and dividing by the number of items added)</i>	<u>Projected Date of Mastery or Reassessment</u> <i>(MM/YY)</i>
(1)		

(2)		
(3)		

Description of Problem #3: <i>Provide a description of the struggle or skill deficit and any observational evidence that supports that conclusion.</i>		
Goal Description: <u>List the specific goal the team is targeting.</u> <i>(Provide goals that are specific, measurable, achievable and targeted at the problem described above.)</i>	Methods: <u>List the specific programs implemented to address goal & current baseline understanding:</u> <i>(List the program method used to achieve your goal, date program was started, or current baseline/level of understanding- obtained through adding all percentages and dividing by the number of items added)</i>	Target Date: <u>Projected Date of Mastery or Reassessment</u> <i>(MM/YY)</i>
(1)		
(2)		
(3)		

Transition and Crisis Information:

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 XXXXX County Crisis Intervention - (xxx) xxx-xxxx
Transition plans to school-	Services are provided in conjunction with school. Provider will consult

based services or least restrictive environment, if applicable	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).

Review and Signoff:

<p>Treatment Provider: <u>Childhood Autism Treatment Team</u></p> <p>Submitted By: _____</p>
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Title: _____

Psychologist Signature: _____

Date: _____