

Autism Spectrum Disorder Treatment Plan

I. Patient Information	
Name:	Date:
Date of birth:	Gender:
Contact Information:	Insurance Information:
II. Diagnosis	
Autism Spectrum Disorder (ASD):	
Co-occurring diagnoses (if any):	
III. Treatment Goals	
Short-term Goals:	
Long-term goals:	
IV. Treatment Plan	
A. Behavioral Interventions	
Description of interventions:	
Implementation plan:	

B. Social Skills Training

Description of interventions:

Implementation plan:

Timeline for implementation:

C. Communication Skills Training

Description of interventions:

Implementation plan:

Timeline for implementation:

D. Parent Training

Description of interventions:

Implementation plan:

Timeline for implementation:

E. Medication Management (if applicable)
Medication:
Dosage:
Side effects:
Follow-up plan:
V. Progress Monitoring
Data collection plan:
Frequency of data collection:
Analyzing and interpreting data:
Adjusting treatment plan based on data:
V. Progress Monitoring
Summary of the treatment plan:
Goals for the next session:
Follow-up appointment date: