

# 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:**