

Autism Spectrum Disorder Treatment Plan

I. Patient information

Name:

Date:

Date of birth:

Gender:

Contact information:

Insurance information:

II. Diagnosis

Co-occurring diagnoses (if any):

III. Treatment goals

Short-term goals:

Long-term goals:

IV. Treatment plan

A. Behavioral interventions

B. Social skills training

C. Communication skills training

D. Parent training

E. Medication management (if applicable)

Medication:

Dosage:

Side effects:

Follow-up plan:

V. Progress monitoring