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| **Client Name:** | | | | **Client #:** | | |
| **Goal (Needs and Preferences):** | | | | |  | |
| **Desired Results in Client’s Words:** | | | | | | |
| **Other community organizations/support people involved** | | | | | | |
| **Linked to Treatment Recommendation:** | | | | | | |
| **Strengths/Abilities and how they will be used to meet the goal:** | | | | | | |
| **Effective Date:** | | | | **Review Date:** | | |
| **Measurable Objective** | **Intervention** | **Service Type** | **Person Responsible** | **Frequency** | | **Target Date** |
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| **Parent/Guardian/Community/Other will**  **[ ] Not Clinically Indicated** | | | | | | |