



Drug Court Program

Individual Treatment Plan		<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Update
Participant's Name: ID Number: Date: Diagnosis: Current GAF: Previous GAF:			
Strengths, needs, abilities, and preferences of the consumer (S.N.A.P. as identified in the Biopsychsocial Assessment)	<u>S</u> trengths		
	<u>N</u> eeds		
	<u>A</u> bilities		
	<u>P</u> references		
Need/Skill Area/Domain:			
Goal: Objectives:			
Objectives:			
Objectives:			
Date Initiated:		Target Date:	
Progress on Current/Previous Goals			
Need/Skill Area/Domain:			
Goal: Objectives:			
Objectives:			
Objectives:			
Date Initiated:		Target Date:	
Progress on Current/Previous Goals			

Need/Skill Area/Domain:	
Goal: Objectives:	
Objectives:	
Objectives:	
Date Initiated:	Target Date:
Progress on Current/Previous Goals	
Discharge Criteria	
Interpretive Summary:	