Child's Name:		Care Coordinator:			Star	Start Date:				
Contracted Agency: Contracted			1 Therapist Name:			End	End Date:			
DOB:	Hon	ne/School/Com	munity Prog	gram:						
Child/Family S	Strengths:				Concerns, Priorities	, Strengths a	and Resources	s:		
Domain	Outcomes (from IFSP)		Measurabl	e Objectives	Strategies/ Interventions	PF	rovider, Servi requency	ce,	Start Date	End Date

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Child's Name:	Child's El Program:
Care Coordinator Name:	Provider Program:
Autism Consultant Name:	

Domain	Outcomes (From IFSP)	Measurable Objectives	Strategies/ Interventions	Provider/Service	Start Date	
				Frequency		Date

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Child's Name:	Child's El Program:
Care Coordinator Name:	Provider Program:
Autism Consultant Name:	-

Transition Plan:		Crisis Plan/What to do in case of emergency:		
Diagnosis:		Date of Diagnosis:		
Axis I: Code #		Description		
Axis II: Code #		Description		
Code #		Description:		
Axis III: Code #		Description:		
Code #		Description:		
Axis IV: Description :				
GAF Score - Current Year	GAP Score - Past Year			

Signature page of Master Treatment Plan

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Child's Name:	Child's El Program:
Care Coordinator Name:	Provider Program:
Autism Consultant Name:	C C

All Treatment Participants (IBS Contracted, El and family/caregiver)

Name (Print):	Signature:	Role/ Agency	Phone:	Fax: