



GPS

Individualized Person Driven/Person Centered

Goal Planning Sheet Initial Treatment Plan

My strengths are:

Strengths I'd like to have are:

Rank 1-10		<u>Long Term Goal</u>	<u>Short Term Goal</u> (One or two steps to assist you in meeting your long term goal)	<u>How Can CTT Support Me</u> (Who, what, where, how often)	<u>How I Know Things are getting better</u>	<u>How I know things are staying the same or getting worse</u>
	Psychiatric Illness, symptom reduction and management, medication education, counseling					
	Physical Health					
	Activities of Daily Living and Daily Routine					
	Education and Employment					

Individual's Name: _____

WPIC # _____



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Goal Planning Sheet **Initial Treatment Plan**

Rank 1-10		<u>Long Term Goal</u>	<u>Short Term Goal</u> (One or two steps to assist you in meeting your long term goal)	<u>How Can CTT Support Me</u> (Who, what, where, how often)	<u>How I Know Things are getting better</u>	<u>How I know things are staying the same or getting worse</u>
	Natural Supports (Family and other relationships)					
	Legal Issues					
	Trauma and violence and risky behaviors					
	Housing					
	Accessing Community Resources					
	Substance Use/Abuse					

Individual's Name: _____

WPIC # _____

Individual Signature and date

Clinician Signature and date

Physician Signature and date