**RECREATIONAL THERAPY TREATMENT PLAN**

**CLIENT NAME:** LAST,FIRST **LAST REVISION:** MONTH/DAY/YEAR

**DATE OF BIRTH:** MONTH/DAY/YEAR **REVIEW DATE:** MONTH/DAY/YEAR

**Assessment Write-Up: [Individual’s Name]** **[Consumer RID #]** is a **[Marital Status, Ethnicity, Gender]** c DOB of **[MM/DD/YEAR]**. **[Individual’s Name]**’s PCISP lists dx. of **[Diagnosis]**, c secondary dx. of **[Secondary Diagnosis]**. **[Individual’s Name] is [alert and oriented to person, time, and place?]**. **[Individual’s Name]** lives at home c his **[Household Members]** at **[Street Address, City, State, ZIP Code]**. (If individual lives at multiple locations – such as visitation between divorced parents- list additional addresses. **[Representative Name]** is the legal **[guardian, Power of Attorney, rep-payee]** for **[Individual’s Name]**. **[Individual’s Name]** has the following family pets: **[insert type of pets here]**. **[Individual’s Name]** currently attends **[Place of Employment or Place of Schooling]**. **[Individual’s Name]** receives case management services from **[Name of Case Manager]** of **[Company Providing Case Management]**. **[Individual’s Name]** also receives **[List Names of Services Provider’s and Company Providing Service]**. [Individual’s Name]’s NOA assigns **[Unit Amount]** between the months of **[Service Dates]**. **[Individual’s Name]**’s interests include **[Insert Interests / Hobbies]**. **[Individual’s Name]** participates in **[extracurricular activities]**. **[Individual’s Name]** has **[access / membership]** to **[name of organization]**. **[Individual’s Name]** desires to improve **[list areas of weakness and/or desired goals stated by the individual]**. **[Individual’s Name]** communicates **[Insert Communication Methods]**. **[Individual’s Name]** ambulates **[Insert Method of Ambulation]**. **[Individual’s Name]** uses **[method of transportation]** for transportation. **[Individual’s Name]**’s risk plans include **[Insert Risk Plans identified in PCISP]**. **[Individual’s Name]** has a history of **[behavior]**. CTRS administered the **[FACTR-R, GRST, MMSE, Rights Assessment]** assessment. **[Individual’s Name]** scored **[Insert Score]** PN: 1.) **[Insert Priority Need 1]**; 2.) **[Insert Priority Need 2]**. ---------------------------------------------------------------------------------------- **[Therapist Signature, C.T.R.S. MONTH/DAY/YEAR]**

**Goals & Objectives**

**Goal 1.0**:

**Objective 1.1**:

**Objective 1.2**:

**Objective 1.3**:

**Goal 2.0**:

**Objective 2.1**:

**Objective 2.2**:

**Objective 2.3**:

**Recommended Activities and Tx Modalities**:

Based on the assessment, **[Insert Individuals Name]** interests, and the goals and objectives, the following activities are recommended for treatment:

**EXAMPLE:**

Exercise (anaerobic and/or aerobic) is the most effective way of keeping the body healthy. Exercise should be utilized to address this. Exercise will open more leisure and recreation options for \_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_ will learn skills and behaviors that could either help or interfere with socialization with other in Social Skills Training. It will also help him learn how to positively adapt to various settings and change in an appropriate manner. Studies have shown the improvement in social skills will also help improve anxiety management, attention, and flexibility / transitions.

**Activity and Modality References**:

**EXAMPLE:**

Cummins, R.A. and Lau, A.L.D. (2003), Community Integration or Community Exposure? A Review and Discussion in Relation to People with an Intellectual Disability. Journal of Applied Research in Intellectual Disabilities, 16:145-157. Doi:10.1046/j.1468-3148.2003.00157.x