**INDIVIDUALIZED COMPREHENSIVE QUARTERLY TREATMENT PLAN**

|  |  |  |
| --- | --- | --- |
| Treatment Provider: | Click here to enter text. | Click here to enter a date. |
|  | Name and Location of Services | Date Plan Prepared |

|  |
| --- |
| **Client Name & PACTS #:** Click here to enter text.Click here to enter text. |
| Supervising USPO: Click here to enter text. |
| Date Client Entered Into Treatment Services: Click here to enter a date. |
| **Date Triad Completed:**  **PCRA Level and Dynamic Risk Factors Identified by PCRA:** |
| Click here to enter text. |
| **Type & Frequency of Services Anticipated in Next 90 Days:** |
| Click here to enter text. |

|  |
| --- |
| **Current Needs, Risks, and Responsivity of the Client (including the risks to reoffend):** |
| Click here to enter text. |
| **List Offenses If Client Charged With New Crimes Since Last Quarterly Treatment Plan:**  Click here to enter text. |
| **Planned Intervention Strategies To Address Criminogenic Risks Listed Above:** |
| Click here to enter text. |

|  |
| --- |
| **Treatment Goals:** |
| * Short-Term Behavior Change Goals:   Click here to enter text. |
| * Long-Term Behavior Change Goals:   Click here to enter text. |
| **Measureable Objectives:** |
| Click here to enter text. |

|  |
| --- |
| **Define Client’s Input Into The Treatment Plan & Client’s Expectations of Treatment Services**: |
| Click here to enter text. |
| **Identify the involvement of family, supportive collateral contacts, and community support entities (including USPO):** |
| Click here to enter text. |

|  |
| --- |
| **Specific Criteria For Treatment Completion Or Advancement To Next Treatment Phase And Specify Need For Continued Treatment At This Time:** |
| Click here to enter text. |
| **Anticipated Time Frame For Treatment Completion Or Advancement to Next Treatment Phase:** |
| Click here to enter text. |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treatment Provider Signature & Date Client Signature & Date