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| **Client Name:**  | **Client #:**  |
| **Goal (Needs and Preferences):**  |  |
| **Desired Results in Client’s Words:**  |
| **Other community organizations/support people involved** |
| **Linked to Treatment Recommendation:** |
| **Strengths/Abilities and how they will be used to meet the goal:** |
| **Effective Date:**  | **Review Date:**  |
| **Measurable Objective** | **Intervention** | **Service Type** | **Person Responsible** | **Frequency** | **Target Date** |
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| **Parent/Guardian/Community/Other will** **[ ] Not Clinically Indicated** |