

I agree that I participated in the assessment:

Client: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Clinician: \_\_\_\_\_ Date: \_\_\_\_\_

Typing your name serves as an electronic signature.

SERVICE PLAN

Client:

Record:

I had input in the treatment plan/I agree with this plan.

\_\_\_\_\_

Date:

\_\_\_\_\_

Staff Signature

\_\_\_\_\_

Date:

\_\_\_\_\_

Parent/Client Signature

Typing your name serves as an electronic signature.