

ADHD Therapeutic Plan

Date: [Insert Date]

Client Name: [Insert Client Name]

Client ID: [Insert Client ID]

Introduction

This therapeutic plan is tailored to support [Insert Client Name] in managing symptoms of ADHD effectively.

Goals

- Improve focus and attention in academic settings.
- Enhance organizational skills.
- Develop coping strategies for impulsivity.

Interventions

1. Weekly one-on-one counseling sessions.
2. Use of behavior modification techniques.
3. Collaboration with teachers for supportive classroom strategies.

Monitoring Progress

Progress will be monitored through:

- Regular feedback from parents and teachers.
- Behavioral checklists and self-assessments.

Follow-Up

Next review meeting scheduled for: [Insert Date].

Signatures

Therapist Name: [Insert Therapist Name]

Signature: _____

Client / Guardian Name: [Insert Name]

Signature: _____