

# Intervention Plan

| <b>Rephrased Problem:</b>   |       |          |            |
|---|-------|----------|------------|
| <b>General Objective of the Intervention:</b>   |       |          |            |
| Specific Objectives   | Means | Timeline | Indicators |
|   |       |          |            |
| Objective review date: _____ <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved<br>Comments: |       |          |            |
|   |       |          |            |
| Objective review date: _____ <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved<br>Comments: |       |          |            |

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|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

Objective review date: \_\_\_\_\_

Achieved

Partially achieved

Not achieved

Comments:

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

Objective review date: \_\_\_\_\_

Achieved

Partially achieved

Not achieved

Comments:

|   |   |                                 |
|---|---|---------------------------------|
| <p><i>I acknowledge that I have participated in developing the intervention plan, and I agree to cooperate in its implementation.</i></p> |   |                                 |
| <p>_____</p> <p><i>Client Signature</i></p>   | <p>_____</p> <p><i>Counsellor's Signature</i></p> | <p>_____</p> <p><i>Date</i></p> |