DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES
SOCIAL WORK INDIVIDUAL COUNSELING CONTRACT AND TREATMENT PLAN

Name: _____ SID#: _____

Presenting Problem(s):
Treatment Goals:
Strengths:
Desired Outcomes:
Frequency and Duration of Counseling: (This plan should be updated if goals or presenting issues change or after a maximum of 10 sessions).
By signing below, you consent to individual counseling services through the Social Work Department. Any threats to harm oneself, another person or against the security of the institution will be reported to appropriate personnel. Any disclosure of child abuse will be reported to Child Protective Services as required by Maryland law. _____ _____ Client's Signature Date _____ _____ Social Worker's Signature Date