

**CLIENT TREATMENT PLAN APPROVAL SIGNATURE PAGE**

---

I AM SIGNING THIS TO ACKNOWLEDGE THAT I HAVE REVIEWED MY TREATMENT PLAN AND AGREE TO THE GOALS AND INTERVENTIONS OUTLINED IN MY TREATMENT PLAN.  
SIGNATURE/GUARDIAN SIGNATURE:

New Signature Field



Use your mouse (or, on a touch device, your finger) to draw your signature in the box above.



Date:

---