## FLORIDA DEPARTMENT OF CORRECTIONS **Individualized Service Plan**

Problem Name					Problem #	
Problem Description in Behavioral Terms			Problem Frequency, Duration & Intensity			
Treatment Goal: (Target behaviors in measurable terms)						
Interventions		Intervention Frequency (or N/A)	Intervention Provider (Specify	each by name and title)		
Case Management						
Individual Counseling						
Psychiatric Follow Up						
Medication Management						
Group Counseling:						
Other:						
Other:						
5					<b>5</b>	
Problem Name				In	Problem #	
Problem Description	ın Behaviorai Teri	ms		Problem Frequency, Duration & Intensity		
Treatment Goal: (Target behaviors in measurable terms)						
Interventions		Intervention Frequency (or N/A)	Intervention Provider (Specify	each by name and title)		
Case Management						
Individual Counseling						
Psychiatric Follow Up						
Medication Management						
Group Counseling:						
Other:						
Other:						
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Problem Name Problem Description	in Daharianal Tan			Duchland Francisco Direction 9 Int	Problem #	
Problem Description	in benavioral Terr	TIS		Problem Frequency, Duration & Int	lensity	
		I				
Treatment Goal: (Target behaviors in r terms)	measurable					
		Intervention				
Interventions		Frequency (or N/A)	Intervention Provider (Specify	each by name and title)		
Case Management						
Individual Counseling						
Psychiatric Follow Up						
Medication Management						
Group Counseling:						
Other:						
Other:						
Inmate Name			10	Current S-Grade:	MDST Date:	
DC# R/S Date of Birth						
Institution	<del>.</del>	<u> </u>				

## FLORIDA DEPARTMENT OF CORRECTIONS

Individualized Service Plan									
ICD-10	1	5							
Diagnosis (code and	2	6							
description)	3 4	7							
Alerts: self-harm/suicide attempts, assaults, escapes, etc.									
Summary Of Institutional Adjustment									
Summary Of Treatment Compliance and Progress									
Other Treatment Related Information & Deferred Problems									
Other Treatment Nelated Information & Deferred Floblems									
Rationale	for any ISP Changes								
ranoriaio	ior any for onangee								
Signatures	);								
	Sr. Behavioral Analyst		Case Manager						
	or. Benavioral Analyst	Date	Odse Manager	Date					
	Nursing Representative	Date	Psychiatrist	Date					
	On any of the self Office of		Others (expects)	Date					
	Correctional Officer	Date	Other (specify)	Date					
	Inmate Patient	Date	Other (specify)	Date					
			Target Date (Next Review I	Date)					
Inmate Name	<u> </u>								

DC# Date of Birth Institution