

## 3-2-1-GO Plan

Name:	CM:	Therapist:	Date:
TO DOs:			Risk Level: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
PURSUE:			
AVOID:			
HRS High-Risk Situations:			
If----then----plans:			

This Week's Schedule:

Skills/Strategies for me to try:

Next Apt:

\_\_\_\_\_  
Client Commitment Signature

\_\_\_\_\_  
Date