

# ARTAS SESSION PLAN

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Client ID: \_\_\_\_\_ Linkage Coordinator: \_\_\_\_\_

## Goal 1: Link to Medical Care

Objective 1: \_\_\_\_\_

Activity	Related Strengths	Potential Barriers	Target Date	Person(s) Responsible
1				
2				
3				

Objective 2: \_\_\_\_\_

Activity	Related Strengths	Potential Barriers	Target Date	Person(s) Responsible
1				
2				
3				

Objective 3: \_\_\_\_\_

Activity	Related Strengths	Potential Barriers	Target Date	Person(s) Responsible
1				
2				
3				

Objective 4: \_\_\_\_\_

Activity	Related Strengths	Potential Barriers	Target Date	Person(s) Responsible
1				
2				
3				