

COMPREHENSIVE RISK COUNSELING & SERVICES  
**Sample Prevention Plan Template**  
**Appendix E1**

Client Name \_\_\_\_\_

Client ID# \_\_\_\_\_

CRCS Counselor \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

Goal 1 \_\_\_\_\_

Target Date \_\_\_\_\_

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

Action Step 1 \_\_\_\_\_

Action Step 2 \_\_\_\_\_

Action Step 3 \_\_\_\_\_

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

Action Step 1 \_\_\_\_\_

Action Step 2 \_\_\_\_\_

Goal 2 \_\_\_\_\_

Target Date \_\_\_\_\_

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

Action Step 1 \_\_\_\_\_

Action Step 2 \_\_\_\_\_

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

Action Step 1 \_\_\_\_\_

Action Step 2 \_\_\_\_\_

Client's Signature \_\_\_\_\_

Date \_\_\_\_\_

CRCS's Signature \_\_\_\_\_

Date \_\_\_\_\_