

## Child and Family Team Meeting Action Plan and Progress Summary

<b>Date of the meeting:</b> _____	
<b>Child/Youth:</b> _____	<b>Intensive Care Coordinator:</b> _____
<b>Parent:</b> _____ <b>Parent:</b> _____	<b>Does the child/youth have an open Child Welfare Case:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Current Caregiver:</b> _____	<b>CFS Social Worker (If applicable):</b> _____
<b>Family Visions and Hopes:</b>	
<b>What is working well?</b>	
<b>What are your worries and needs?</b>	

# Child and Family Team Meeting Action Plan and Progress Summary

Objectives/Goals	What needs to happen next?	Who makes it happen?	Progress
			Completed: _____
			Completed: _____
			Completed: _____
			Completed: _____
			Completed: _____
<p>How does this action plan support the child/youth’s treatment goals?</p>			
<p>How does this plan support the child/youth’s increased health and wellbeing?</p>			
<p>Date and time of followup CFT Meeting: _____</p>			
<p>Location: _____</p>			