**Action Plan for** **Family**

**Date:**

**Date & Time of next meeting:**

**Section I.: Identification Information**

|  |  |
| --- | --- |
| **Name**: | **Date of Enrollment**: |
| **Frequency of meetings:** | |
| **Guardians**: | **Phone**: |
| **Address**: | |

**Section II. Youth and Family Team Members**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Relationship** | **Contact Info** | **Strengths** | **Attended Meeting** |
|  |  |  |  | Yes/No |
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**Meeting Notes:**

**Successes and Celebrations:**

**How decisions will be made:**

**Section III. Vision, Team Mission and Prioritized Needs**

**Family Vision:**

**Team Mission:**

**Prioritize needs:**

**Priority Need:**

**Goal:**

**How will we know when goal is making progress on the need? (Measurement Strategy)**

**Strengths and culture around the need:**

**Brainstorming:** *(All brainstorming ideas with \* have been planned for)*

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**Section IV: Action Steps and Follow up:**

|  |  |  |
| --- | --- | --- |
| **Who** | **What/Where** | **When/Target Date** |
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**Check in on action steps:**

|  |  |
| --- | --- |
| **Who:** | **When:** |
|  |  |
|  |  |

**Opportunities for youth to engage in community activities:**

**Who needs to be invited to next meeting?**

**Plan to add new team members/engage Natural/Community Supports or Service Providers:**