**TRANSITION PLAN**

**Transition Plan for**  **Date of Meeting**

**Facilitator was**  **New Facilitator**

**Next meeting facilitated by**  **Frequency of meetings**

**Location of meetings**

**Plan for follow up with the family** **Frequency of follow up with family**

**Celebration**

**Wraparound Team Members ongoing**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Relationship to Child** | **Phone** | **Role in Team Process** (How will they continue to support the family?) |
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**Strengths added to Discovery at Transition meeting (comments about team members and/or the process):**

**Vision:**

**Achievement of Vision**

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**Team Mission:**

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**Achievement of Team Mission**

**Lessons Learned**

**Ongoing Needs after Transition**

|  |  |  |
| --- | --- | --- |
| **Need/Goal** | **Measurement** | **Plan to meet This need** (Who, What, When, Where) |
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|  |  |  |
|  |  |  |

**Reviewed Discovery (See attached)**

**Reviewed Crisis Plan (See attached)**

What works?

**Meeting Minutes:**

|  |
| --- |
| **This Document is accurate and approved by:** |
| **Youth:**  | **X:** |
| **Family:** |  |
| **Date:** |  |



Family Name

**HFW Graduate**