



Child and Family Team Meeting Action Plan and Progress Summary

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

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: _____
How does this action plan support the child/youth's treatment goals?			
How does this plan support the child/youth's increased health and wellbeing?			
Date and time of followup CFT Meeting: _____			
Location: _____			