

Family Action Plan

Family Name: _____

Date Developed: _____

Identification Information

Identified Youth:		Date of Eligibility:	
Team Facilitator:		Support Partner	
Date of Team Meeting:		Next Mtg.:	

Family Team Members

Name:	Relationship to Child:	Phone:	Strengths Added to Team:

Ground Rules

Family Vision

Team Mission

Needs (Prioritized Needs in Bold)

Needs met

•	•
•	•
•	•
•	•
•	•
•	•

Strength Needs Cultural Discovery Date: _____

Celebrated Success

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Goal/Objective For:

Prioritized Need:
Goal/Objective:
Measurement Strategy:
Strengths/Culture Related to Need:

Brainstorming:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Responsible Person:	Action Steps:	Target/Review Date:	Completion Date:
1.			
2.			
3.			
4.			
5.			

Supports/Services

Type of Service	Agency Name	Contact Person	Phone Number and/or Email	Frequency	Plan/Goals
1.					
2.					
3.					
4.					
5.					

Youth's Signature

Date

High Fidelity Wraparound Staff Signature

Date

Parent's Signature

Date