

**Pathways to Well-Being
Child and Family Team (CFT) Meeting
PROGRESS SUMMARY and ACTION PLAN**

Meeting Date: _____ Facilitator: _____ Check one: <input type="checkbox"/> Initial Meeting <input type="checkbox"/> Follow Up Meeting	Mother(s) Name: _____ Father(s) Name: _____ Caregiver Name: _____	Child/Youth's Name: _____ DOB: _____ Intensive Care Coordination (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Yet Determined
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Identified Goal for Meeting: _____

Existing Support/Services	Continue ?	Additions to Support/Services Recommended by team
_____	Y/N	_____
_____	Y/N	_____
_____	Y/N	_____
_____	Y/N	_____

What needs to happen?	Who is going to make it happen?	When will it be completed?
		Completed on: _____
		Completed on: _____
		Completed on: _____
		Completed on: _____
		Completed on: _____

Next meeting date (AS NEEDED, and no more than 90 days if youth is receiving ICC) and/or communication plan: _____

Scaling Participation (facilitator to ask each team member)	
On a scale from 0-10 where 0 means I had no input during this meeting and 10 means that my voice was listened to and valued:	
0	10

Scaling the Services/Support/Action Steps (facilitator to ask each team member)	
On a scale from 0-10 where 0 means there is no part of the plan that I can support and 10 means that I can fully support the plan:	
0	10

SIGN IN / SIGNATURE PAGE / CFT MEETING AGREEMENTS

We, the undersigned, agree to keep confidential all personal and identifying information and records regarding the family except as otherwise provided for via separate and properly executed Release/Disclosure forms. During this meeting a plan will be developed to address the needs of _____ and we will each receive a copy of the plan.

This meeting *must* include the parent(s) and the youth*, CWS staff, Behavioral Health provider, informal supports identified by the family, substitute caregiver, and other formal support as relevant.

Print name	Relationship to family/youth	Signature	Phone/Email
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

***If the parent and/or youth were not in attendance document efforts made and/or planned to ensure their participation:**

Copies of this document were provided to all attendees on: _____