

Child & Family Team Meeting Agenda



GENERAL INFORMATION				
First Name:	Last Name:	Preferred Name:	RIN:	
Facilitator / Care Coordinator:		Family Peer Supporter:		
Date:	Location:	<input type="checkbox"/> Initial Team Meeting		
Time:		<input type="checkbox"/> Ongoing Team Meeting		
TEAM MEMBERS				
<i>List and introduce all team members. Please check all in attendance.</i>				
Name	Role	Preferred Contact Information	Present	Absent
1. GROUND RULES				
List the agreed upon ground rules and include any necessary modifications.				
2. SUCCESSES				
List any recent youth/family/team successes.				

3. FAMILY VISION

Provide a description of what the youth and family would like their lives to be like after they graduate from Wraparound.

Progress: Measure progress towards the Family Vision using a rating scale and include justification for the rating.

Current Rating of Progress:

4. TEAM MISSION

Define the team's core purpose and reason for being here.

Progress: Measure progress towards the Team Mission using a rating scale and include justification for the rating.

Current Rating of Progress:

5. TEAM STRENGTHS

Elicit functional strengths from all team members that can be utilized and leveraged to support the family.

6. INDIVIDUALIZED PLAN OF CARE

Review and modify the Individualized Plan of Care as needed; include progress toward goals using the rating scale.

Goal	Progress
1.	
2.	
3.	
4.	
5.	

7. CRISIS PREVENTION PLAN

Update the Crisis Prevention Plan as needed.

8. TASKS

List each task, the team member responsible, and the completion date.

Task	Person(s) Responsible	Completion Date

9. NEXT MEETING

Date:	Time:	Location:
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I/We (youth/young adult/guardian) have actively participated in this CFTM and agree with all modifications and/or updates. I/We agree to complete assigned tasks.

_____ Youth/Young Adult Name	_____ Date	_____ Parent/Guardian	_____ Date
_____ Facilitator/Care Coordinator	_____ Date	_____ Team Member/Role	_____ Date
_____ Team Member/Role	_____ Date	_____ Team Member/Role	_____ Date
_____ Team Member/Role	_____ Date	_____ Team Member/Role	_____ Date
_____ Team Member/Role	_____ Date	_____ Team Member/Role	_____ Date