



**Action Plan for \_\_\_\_\_ Family**

**Date:** \_\_\_\_\_

**Frequency of meetings:** \_\_\_\_\_

<b>Name:</b>	<b>DOB:</b>	<b>Date of Enrollment:</b>
<b>Guardians:</b>	<b>Phone:</b>	
<b>Address:</b>		

**Child and Family/HFW Team Members**

<b>Name</b>	<b>Relationship</b>	<b>Contact Info</b>	<b>Strengths</b>	<b>Attended Meeting</b>

**Successes and Celebrations:**

**Ground Rules:**

**How decisions will be made:**



**Vision, Team Mission and Prioritized Needs**

**Family Vision:**

**Team Mission:**

**Prioritized Needs:**

**Priority Need:**

**Goal:**

**How will we know when goal is met? (Measurement Strategy)**

**Strengths and culture around the need:**

**Brainstorming:** *(All brainstorming ideas with \* have been planned for)*

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Who	What/Where	When/Target Date

**Check in on Action Steps:**

Who:	When:



**Youth and Family  
Training Institute**

PH: 1-866-462-3292  
E-MAIL: YFTI@upmc.edu

**Opportunities for youth to engage in community activities:**

**Who needs to be invited to next meeting?**

**Plan to add new team members/engage Natural/Community Supports or Service Providers:**

**Date & Time of next meeting:**