

PERSONAL LIFE PLANNING KIT For Individuals & For Families



The goal of **Durham System of Care** is to assist individuals and families in their efforts to succeed at home, in school, at work and in the community, making the community a better place to live for everyone. The purpose of the **Durham System of Care Personal Life Planning Kit** is to help individuals and families who need multiple services and supports (such as assistance with housing, finances, health, recreation, etc.) identify and describe what we want and need to meet our own goals and priorities. It has two parts: the **Life Planning Guide**, and the **Life Action Plan**. There is a version for individuals and a version for families.

- 1. Personal Life Planning Guide** – This guide describes common areas of every-day living that all of us have, such as the need for housing, food, transportation, health, social support, special services, etc. The Life Planning Guide is a tool that any of us can use for planning and problem solving for ourselves and for our family. It can help us identify our goals, our most important needs; and, how to use our strengths and resources to deal with the challenges we face. The point of using this Planning Guide is to produce an Action Plan that will help make things in our lives better. We can work through the Planning Tool alone, but when we have complicated problems or are feeling overwhelmed, we can also ask for help. It may help to bring together people in our lives that can work with us as a team (Support Teams for adults, Child and Family Teams for children and their families) to help us develop and implement the plan. If we feel up to it, we can lead the process ourselves, or else we can ask someone we trust to do it for us.

The first step in the Life Planning process is to identify the things most important to us – how we would like to see things happen for ourselves or for our child and family, what stands in the way, what can help, and what success would look like. This helps us take the next steps in identifying needs in each area of our lives, getting the support and resources we need to reach our goals, and a plan to begin that work.

- 2. Personal Life Action Plan** – This is a tool that any individual or family can use to map out a plan to help make things in our lives better. After completing the Life Planning Guide, we can transfer the information from our top priorities onto the Action Plan so that we have the information all on one or two pieces of paper. Just like with the Life Planning Guide, we can put together the Action Plan alone, or ask other people to help us, including a Support Team (for adults) or a Child and Family Team (for children and their families). It is a good idea to take a look at the Action Plan at least once a month to celebrate successes, make changes, and just to keep the plan on track.

We can also use all or part of these plans to help make sure that people providing services to us and/or our family understand and respect our own goals, priorities, strengths and needs.

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QUESTIONS & ANSWERS

1. **Do I have to complete all of this information in one sitting?** No, it may be best to read through and complete it over several days. This is up to each individual and family.
2. **What if I have questions about the Kit or need help completing it?** You may contact The Durham Center at (919) 560-7200.
3. **If I get help completing the Kit, how can I be sure that my information kept private?** None of the individuals who work for the agencies or groups listed above can share any of your information with anyone unless you give your written permission. (insert lang re: criminal/abuse activity reporting requirements)
4. **Do I have to share information in the Kit with anyone?** No. It is completely up to you whether you want to share this information with others.
5. **Are there reasons that I should consider sharing my information?** Yes. If you are receiving services from an agency or organization, or plan to seek services, sharing this information can help make sure that people providing services to you/your family understand and respect your/your family's particular goals, priorities, strengths and needs. You may choose to share the Life Action Plan as a summary, or the entire Life Planning Guide. This is completely up to you and your family.

Acknowledgements:

- Teka Dempson, Family Liaison: Durham System of Care Infrastructure provided invaluable assistance in adaptation of content.
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Use of *Personal Life Planning Kit for Individuals & for Families* outside of Durham SOC, Durham, NC:

This tool was developed by Martha Kaufman for The Durham Center, with assistance from Teka Dempson, to promote Individual and family voice and choice on behalf of the Durham System of Care (DSOC). Permission is given to copy and distribute The Life Planning Kit (including the Life Planning Guide and the Life Action Plan) only if it is reproduced in its entirety, and this notice is included.

PERSONAL LIFE PLANNING GUIDE For Children and Their Families



Please begin here.

Name: _____

Date: _____

1. The top 3 things that I want to see happen for my child and family right now are:

-
-
-

2. The top 3 things that I want to see happen for my child and family in the future are:

-
-
-

3. My top 3 concerns right now are:

-
-
-

4. What would a good day look like for my child and family? (activities, work, family, exercise, sleep, etc.):

5. What would a good night look like for my child and family? (activities, work, family, exercise, sleep, etc.):

6. What would a good week look like for my child and family? (activities, work, family, exercise, sleep, etc.):

INSTRUCTIONS: Review each Life Area described on the following pages. The questions are included as a guide to help us think through how things are going for us in each one. After reviewing the questions, check the level of importance in the box beside each item. It is helpful to include the things that are going well in every item (in the Strengths area), even if the Life Area described is not a priority for us at this time. This can help identify strengths that will help us come up with an effective plan. On the last pages of this form, there is a space to list our top priorities and begin making a plan. We can then use this information, along with persons who may be assisting us or our family through a Child and Family Team (for children and their families) or a Support Team (for individuals) to help us meet our needs and reach our goals. All or part of the information can also be used to help service providers understand and respect our own goals, strengths, needs and priorities.

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Importance <input type="checkbox"/> High (5 pts) <input type="checkbox"/> Medium (3 pts) <input type="checkbox"/> Low (1 point) <input type="checkbox"/> Not important

Safety/Crisis - Safety concerns or threats, prevention.

Questions to Consider:

- What does safe mean to you and your family?
- Are your child and family safe? Are there times when you do not feel safe?
- Are there dangers to any family members, neighbors or other people important in your life?
- Do you ever have situations where your child or anyone in your family becomes a danger to themselves or to the community? If yes:
 - What things or events make your child and family member feel like taking unsafe actions (hurting themselves or others, taking risks that could hurt you or others, destroy your house or things?)
 - What would it take to help them stop taking those actions?
- Does your child/family have access to guns or other weapons?
- Is your child/family accustomed to wearing seat belts when they ride in a car?
- If your child/family rides a bike, do they wear a safety helmet?
- Does your home have a smoke detector that works?

Notes/Comments:

My Child/Family's Goals	Interests, Abilities and Strengths We Have to Help Meet Our Goals	My Child/Family's Needs (What Stands in the Way of Meeting our Goals?)	Actions That Need To Be Taken To Help Meet Our Goals		
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Legal - neighborhood crime, risks, current legal status, legal representation, restitution

Questions to consider:

- Do you have concerns about criminal activities in your neighborhood?
- Are you or any family members or supports involved with the police or the courts?
- Is anyone on probation or parole?
- Does anyone have any upcoming court dates or pending charges?
- Are there outstanding warrants on anybody?
- Are there violations of the law within your family concerning to you or your family?
- Does everyone who needs one have a lawyer?
- Is there a need to repair relationships with your neighbors or in the community as the result of a crime?

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Housing & Basic Needs - space, privacy, safety, comfort, food, clothing, furnishings, utilities

Questions to consider:

- Does your family have a safe, affordable and stable place to live?
- Does your family live in the type of place that you want to live in?
- Does your family have enough space for everyone living in the home?
- Do your current living arrangements meet your family's needs? If not, what do you need to improve your housing?
- Does your family need help keeping your house clean or in good repair? If yes, how much, how often, what sort of help?
- Can your family get the food you need? Do you ever worry that you will run out of food?
- Does your family need help making sure that you eat regularly and in a healthy way? If yes, how much, how often, what sort of help?
- Can your family afford all of your bills, including utilities?
- Can your family get the clothing you need? If not, what do you need?
- Does your family have adequate furnishings (bed to sleep on, beddings, stove to cook food, etc.)?
- Does your family plan to continue living in your current place long term or have plans to move?

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Physical Health – medication, special needs, access to medical/dental care, pregnancy, family history.

Questions to consider:

- Is your child/family physically healthy? Feel well? Feel energetic?
- How many times a week does your child/family exercise?
- How many hours a sleep does your child/family usually get a night?
- Do you eat healthy foods? Are there types of food that your child/family avoids eating?
- Is your child/anyone in your family on a special diet?
- Are you happy with your child's weight? With your own weight? Other family members'?
- Has your child/any family members had an unexplained change in weight?
- Does your child/family smoke? If yes, do they want to quit?
- Have you talked to your child about sex and birth control?
- Are you satisfied with your/your child's birth control methods?
- Are there health problems preventing your child/family from meeting their goals?
- Does your child/family need any evaluations to help identify and treat health needs?
- Does your child/family need and can they get medicine? Dental care? Glasses or contacts to correct their vision?
- Does your child/family have a doctor or clinic that they go to on a regular basis?
- Are there any health conditions that run in the family?

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Mental, Behavioral, Emotional Health - relationships, skills, stress, trauma, family history, current behavior, emotional needs, use of alcohol or drugs (prescription, over the counter, illegal)

Questions to consider:

- Is your child/ anyone in your family unhappy, scared, anxious, and/or sad?
- During the last year was there any time when your child/anyone in your family felt blue or really down, scared or anxious for more than two weeks?
- Has your child/ anyone in your family ever been on medication to help them feel less sad, bad or worried or to calm their nerves?
- Do you have concerns about your child/anyone in your family using alcohol or drugs (prescription, over the counter or illegal)?
- Is your child/anyone in your family struggling with mental illness or emotional problems? Do you/they understand the illness and how to manage it?
- Are any behaviors blocking your child/a family member’s chances of having a good life?
- Are there unresolved issues that get in the way of normal interactions within your child/family or in the community?
- Are there family members or others who need to learn more about your child’s needs? Are there any special skills that would help them support your child/family?
- Are you/your family comfortable with the services now provided for your child? (Example: doctors, teachers, mental health or substance abuse provider)?

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Continued **Mental, Behavioral, Emotional Health** - Key issues: relationships, skills, stress, trauma, family history, current behavior, emotional needs, use of alcohol or drugs (prescription, over the counter, illegal)

Questions to consider:

- Does your partner or spouse make you or your child/other family members feel unsafe?
- Has your partner or spouse ever insulted, shouted at your child/family members or hurt their feelings?
- Has your partner or spouse ever made your child or other family members do anything sexual that they didn't want to do?
- Has your partner or spouse ever hit, slapped, kicked or pushed your child or other family members?
- Were you or any member of your family a victim of sexual/physical abuse as a child?
- Do you think your child/family's life would be better if your child or family member stopped drinking or using drugs (prescription, over the counter or illegal)?
- Has your child/family tried to stop drinking or using drugs and failed?
- Has your child/family missed days at work or school because of drinking or drug use?
- What alcohol or drugs (prescription, over the counter, or illegal) does your child/family use?
- When and why do they use them?
- What effect do they have on them?
- How often do they use them?
- Does your child/family ever get in a dangerous situation when they use drugs or alcohol?
- Can they stop at just one drink or do they keep drinking?
- Are there things that could help your child/family avoid or stop using alcohol or drugs?

Notes/Comments: _____

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Family/Social/Permanent Relationships -: family bonds, relationships, contact with immediate family, extended family, friends & other enduring sources of support; significant relationships

Questions to consider:

- Does your child live with you?
- By your own definition, who is in your family?
- How close are you with your family? Would you like to be closer? Not as close?
- Are family members in contact with you or each other as much as they would like? If not, what is needed to stay in touch?
- Are there serious, unmet needs for any family members?
- Do you and does your child have any close friends right now? Are you/your child able to see them as often as you would like?
- Do you/your child want to have the opportunity to make new friends?
- What steps have been/can be taken to build relationships that you/your child can count on?
- Do you/your child have relationships with one or two close friends neighbors or co-workers that are supportive of you? If not, what kind of relationships would be helpful?
- Are family members and others you trust helping you meet your child and family's goals? Included in your Child and Family Team in ways that are useful and comfortable?

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Communication/Language - information, support, access

Questions to consider:

- Does your child/ anyone in your family:
 - have difficulty hearing?
 - need a translator or special hearing device?
 - have difficulty communicating with others? Understanding communication?
 - need to learn more about communication challenges?
 - need services to help improve their ability to communicate?
 - speak English as a second language and need a translator?
- Are there languages that your child/ anyone in your family would like to/need to learn?

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Parenting – safety, support, planning, relationships, knowledge, skills

Questions to consider:

- Do you have childcare that you are comfortable with? If not, what stands in the way?
- Do you feel that your child(ren) are in a safe and supportive environment?
- How old is your child(ren)?
- Do you feel that you have the information and skills you need to raise your child(ren)?
- Have you taken any parenting classes to help you raise your child(ren)?
- Do you think a class would be helpful?
- Do you have enough food and clothing for your child(ren)?
- Do you have adequate medical coverage for your child(ren)? Transportation?
- What do you feel you will need to raise your child(ren)?
- Is your child or anyone in your family pregnant? If yes:
 - Have they seen a doctor? Do they need assistance in finding a doctor or getting to an appointment?
 - Are they /is your family ready for the baby? (clothing, furniture, diapers, food, etc.)
 - When is your baby due?
 - Have they taken any parenting classes to help prepare you for the arrival of the baby?
 - Do you think a class would be helpful?
 - Do they have adequate medical coverage for the baby? Adequate childcare? Transportation?
 - Do they have some one they can count on to help you raise the baby?

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Education - goals, interests, skills, continued learning, opportunity and advancement

Questions to consider:

- What grade is your child in?
- What is his/her favorite subject? Least favorite subject? Why?
- Has he/she ever been held back?
- Are there any tardiness problems? Too many absences? If yes, why?
- Does he/she have an IEP or a 504 Plan?
- Do you/does your family need assistance in understanding how an IEP or 504 Plan works?
- Do you/your family feel that your child is learning the best that he/she can in school? Are there things that need to change to help your child make the most of school?
- What will it take to make sure that your child gets the education he or she needs?
- Is there anyone in particular at your child's school with which you/your family enjoy working?
- Are there parts of the educational process that are difficult, uncomfortable for your family or your child, need to be resolved?
- Is your child connected with others in the school that can help make the experience enjoyable?
- Does your child need help with homework? Need any tutoring?
- Do you feel that you or your family can help your child succeed in school? If no, what do you need to provide that help?

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Continued... **Education** - goals, interests, skills, continued learning, opportunity and advancement

Questions to consider:

- Are you/your family satisfied with your own education (what you've learned, educational level you have completed so far)?
- If you or a family member would like to continue your education what is needed to make that happen? What would it take, what do you/your family need to feel comfortable pursuing more education?
- Are there topics you/your family would like to learn more about? Do you/they enjoy taking courses or reading to learn?
- Would it help you find the work you or other family members want by completing more school?
- Would you or other family members be part of any learning activities, such as workbooks, workshops, audit classes, group or club such as a book club?

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Employment - fulfilling use of time, learning, contribution, stability, opportunity, financial independence

Questions to consider:

- Do you or can you work at this time? Does your child work?
- If you worked in the past, what kind of jobs did you have (work experience)?
- If your child and family members are working:
 - What are your hours/schedule? Is there flexibility to take leave from the job for appointments or to handle family incidents/crisis/other needs?
 - What's the work setting? Do you/ family members work in jobs that use your strengths, talents, and creativity?
 - Are you/family members happy and satisfied with work? Is there anything you would like to change about your job, career, or other activity? Would you like to explore other options?
 - Do you/does your family earn enough to live on? If not, why not?
 - Do you/does your family have health benefits?
 - What would successful work look like for you/your child?

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Continued... **Employment** - fulfilling use of time, learning, contribution, stability, opportunity, financial independence

Questions to consider:

- If your child or family members are not working:
 - Does your child/do family members want to work? If yes, what stands in the way?
 - What sorts of supports do you think would be helpful in the workplace?
 - If your child or family members had a job in the past, what went well at this job? What didn't go well?
 - What do your child and family members do to fill their time?
- Is your child/are family members interested in doing volunteer work? If yes:
 - What kind of places would they be interested in volunteering?
 - What would need to be in place to make the volunteer work a success? (build on talents, interests, and creativity; schedule and flexibility if not feeling well; what kind of support or assistance is needed while volunteering?)
 - What would successful volunteering look like for your child or your family members?

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Financial – bills, opportunities, stability, entitlements

Questions to consider:

- How do you and your family earn/obtain money to live?
- Do you/ your family have enough money to meet your needs?
- Do you/your family worry about money? If so, what do you/they worry about?
- Do you worry about paying your bills, buying clothes or groceries? Are there other things related to money that worry you?
- Do you rent things such as television, computer or appliances (washer, dryer)? Do you need help in this area?
- Are there any outstanding debts or restitution fees?
- Are you at risk of losing your home or car?
- Would you like to learn more about budgeting your money?
- Do you know whether you are eligible for any health or financial entitlements, such as Food Stamps, Work First, Medicaid, SSI, SSDI?
- Do you need more information on any of these programs?
- Do you need assistance applying for them?
- Have you been denied eligibility for any of these programs? If yes, do you need assistance in appealing the decision?

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Immigration/Citizen Status – information, support, access

Questions to consider:

- Do you/someone in your family wish to become a citizen?
- What progress has been made toward that goal?
- What is needed for you or someone in your family to become a citizen?
- What is standing in the way of that happening?
- Have you/your family adjusted to life in their new country?
- What additional support do you/your family need?

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Transportation - flexibility, access, independence

Questions to consider:

- Do your child and family have transportation?
- Do your family members know how to drive? If not, do any of them want to learn to drive?
- If your child and family have a car, are they able to keep up the maintenance on the car (oil, tires, etc.)? Insurance payments?
- Do your child and family use public transportation? Does anyone want to know more about this?
- Can your child/family get around safely and reliably for appointments, school, work, fun?
- Do your child and family's current transportation arrangements meet their needs? If not, what do you need to improve transportation?
- Do your child and family depend on others to take them to appointments?

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Recreation - community involvement, hobbies and interests

Questions to consider:

- How do your child and family like to relax, spend free time?
- Are your child and family able to participate in those activities? If not, are there things that stand in the way?
- Do your child and family socialize outside the family?
- Whether or not you work, do you pursue any other activities that help you feel like you're doing something useful or fun (such as involvement in: a senior center, school, volunteer work, a club, a hobby, a sport)? Does your child?
- Are there hobbies and interests that your child and family would like to pursue? Are there things that stand in the way?
- Are there skills your child and family want to learn, like crafts (jewelry making, pottery, etc), music, gardening? What is needed to make that happen?

Notes/Comments:

My Child/Family's Goals	Interests, Abilities and Strengths We Have to Help Meet Our Goals	My Child/Family's Needs (What Stands in the Way of Meeting our Goals?)	Actions That Need To Be Taken To Help Meet Our Goals		
			Action	By Whom	By When
Immediate:					
One Month:					
Long Term:					

PERSONAL LIFE PLANNING GUIDE

For Children and Their Families

Importance <input type="checkbox"/> High (5 pts) <input type="checkbox"/> Medium (3 pts) <input type="checkbox"/> Low (1 point) <input type="checkbox"/> Not important

Culture – traditions, beliefs, language, support, and comfort

Questions to consider:

- What is important to your child and family? (examples: your assumptions/ beliefs, language, people in your life)
- What are your family’s traditions and rituals (things you do every year/week/day)? Habits? Rules?
- What’s your preferred language?
- How does your child like to dress? Are you comfortable with this?
- Do your child and family have ways to connect with others who share your beliefs and culture?
- Do your child and family have ways to express your beliefs and culture?
- Do your child and family have enough people supporting you who understand your culture and values?
- If you have a Child and Family Team and plan, do they show respect for and understanding of your culture?

Notes/Comments:

My Child/Family’s Goals	Interests, Abilities and Strengths We Have to Help Meet Our Goals	My Child/Family’s Needs (What Stands in the Way of Meeting our Goals?)	Actions That Need To Be Taken To Help Meet Our Goals		
			Action	By Whom	By When
Immediate:					
One Month:					
Long Term:					

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For Children and Their Families

Importance <input type="checkbox"/> High (5 pts) <input type="checkbox"/> Medium (3 pts) <input type="checkbox"/> Low (1 point) <input type="checkbox"/> Not important

Spirituality and Values – faith, beliefs, community

Questions to consider:

- Are your child and family able to live in a way that reflects your values on a regular basis? If not, what support do you need to do so?
- Are there any spiritual traditions and interests important to your child and family?
- Do people in your Child and Family Team know about and respect of your beliefs?
- How do your child and family express your spirituality?
- Have you or your family ever been part of a faith community? If yes:
- Are your child and family new to this faith community?
- What do you like about your faith community?
- Do your child and family have adequate opportunities to participate in your faith? If not, what do you feel you need to be able to participate in your faith community again?
- Are there special persons in your faith community who mean a great deal to your child and family? What do they do to support your family?
- Is there someone from your faith community that you would like in your Child and Family Team?

Notes/Comments:

My Child/Family's Goals	Interests, Abilities and Strengths We Have to Help Meet Our Goals	My Child/Family's Needs (What Stands in the Way of Meeting our Goals?)	Actions That Need To Be Taken To Help Meet Our Goals		
			Action	By Whom	By When
Immediate:					
One Month:					
Long Term:					

PERSONAL LIFE PLANNING GUIDE

For Children and Their Families

**PRIORITY NEEDS TO HELP CHILDREN AND THEIR FAMILIES
AND THOSE ASSISTING THEM RESPOND TO REAL LIFE ISSUES**

After completing each item, we can review our list and indicate our top priority needs below. We can score these if we want. These priorities can then be used to help focus on needs that are most important to our child and family. We can then transfer the information from our top priorities onto the **Life Action Plan** so that we have the information all on a couple pieces of paper. All or part of the information can be used to help service providers (along with persons who may be assisting our family through a Child and Family Team) understand and respect our own goals, strengths, needs and priorities.

SCORES	OUR PRIORITIES	LIFE AREA	NOTES
	Priority #1		
	Priority #2		
	Priority #3		
	Priority #4		

PERSONAL LIFE ACTION PLAN For Children and Their Families

OUR FIRST PRIORITY:					
Our Goals	Interests, Abilities and Strengths We Have to Help Meet Our Goals	My Child/Family's Needs (What Stands in the Way of Meeting our Goals?)	Actions That Need To Be Taken To Help Meet Our Goals		
			Action	By Whom	By When
Immediate:					
One Month:					
Long Term:					

OUR SECOND PRIORITY:					
Our Goals	Interests, Abilities and Strengths We Have to Help Meet Our Goals	My Child/Family's Needs (What Stands in the Way of Meeting our Goals?)	Actions That Need To Be Taken To Help Meet Our Goals		
			Action	By Whom	By When
Immediate:					
One Month:					
Long Term:					

Name: _____



Date: _____

PERSONAL LIFE ACTION PLAN For Children and Their Families

OUR THIRD PRIORITY:					
Our Goals	Interests, Abilities and Strengths We Have to Help Meet Our Goals	My Child/Family's Needs (What Stands in the Way of Meeting our Goals?)	Actions That Need To Be Taken To Help Meet Our Goals		
			Action	By Whom	By When
Immediate:					
One Month:					
Long Term:					

OUR FOURTH PRIORITY:					
Our Goals	Interests, Abilities and Strengths We Have to Help Meet Our Goals	My Child/Family's Needs (What Stands in the Way of Meeting our Goals?)	Actions That Need To Be Taken To Help Meet Our Goals		
			Action	By Whom	By When
Immediate:					
One Month:					
Long Term:					

Name: _____



Date: _____

PERSONAL LIFE ACTION PLAN For Children and Their Families

OUR CHILD AND FAMILY TEAM

Names of Team Members	Phone Numbers, email addresses, etc.

MEETING SCHEDULE

Date	Time	Location

Notes: _____

Name: _____



Date: _____