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

Meeting Date:	**Parent/Guardian Name:**	**Child/Youth's Name:**
Facilitator:	**Parent/Guardian Name:**	**DOB:**
Check one: ☐ **Initial Meeting** ☐ **Follow Up Meeting**	**Caregiver Name:**	**Enhanced Services (check one):** ☐ **Yes** ☐ **No** ☐ **Not Yet Determined**

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 (AS NEEDED, and no more than 90 days if youth is eligible for or is receiving Enhanced Services):
Date: Time: Location: ☐Still pending

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

I 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. Upon completion of the plan developed during the meeting, I understand that each participant will receive a copy of the plan so they can follow through with agreed upon actions. I understand that information discussed in the meeting is confidential, but may be used for future case planning, may be shared with the Juvenile Court, or may be revealed if necessary for the safety of the youth and/or others.
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: _____