

## REVIEW OF CHILD/FAMILY CASE PLAN (Non-Secure Residential Placement)

90 Calendar Day Review     180 Calendar Day Review     270 Calendar Month Review     360 Calendar Day Review     Other

<b>Date of Initial Placement:</b>	<b>Date of Last Review:</b>	<b>Date of Current Review:</b>

### IDENTIFYING INFORMATION

<b>Child's Name:</b>	<b>County:</b>
<b>Child's Date of Birth:</b>	<b>Caseworker PID:</b>

### FACILITY INFORMATION

<b>Name of Facility:</b>		<b>Date of Current Placement :</b>
<b>Address:</b>		
<b>City/State/Zip:</b>		<b>Phone #:</b>

**HAS THERE BEEN A CHANGE IN PLACEMENT SINCE THE LAST PLAN/REVIEW?**     Yes     No

If yes provide the following information:

Date of current placement:	
Date family notified of child's change in placement:	
Date family notified of changes in visitation:	
Date medical/education records provided to new caregiver:	

Explain reason for change in child's placement:

**CONTINUED NEED FOR PLACEMENT:** Explain why this child continues to require placement. Discuss the child's behavior **AND** the family situation.

**APPROPRIATENESS OF PLACEMENT:** Explain what specific services are being provided to safely meet the child's needs discussed in the previous section.

**OUT OF STATE PLACEMENT:** If the child is placed outside of Texas, explain why this continues to be in the best interest of the child.

**PERMANENCY PLAN:** Plan for the safe and permanent placement of the child.

- return to parent                      \* emancipation/independent living                       adoption  
 place with relative                      \* other permanent living arrangement

**PROJECTED PERMANENCY DATE:** \_\_\_\_\_

*\*If emancipation/independent living or other permanent living arrangement is the permanency plan, explain why this is in the best interest of the child.*

**MEDICAL/DENTAL DOMAIN  
NAMES & ADDRESSES OF CHILD'S CURRENT HEALTHCARE PROVIDERS**

MEDICAL			DENTAL			
Name:			Name:			
Address:			Address:			
City/State/Zip:			City/State/Zip:			
Phone #:			Phone #:			
Child's current medications (including psychotropic meds):						
Indicate what medications are for:						
List any other important medical information/concerns:						
Goal #1:						
Discussion of progress:						
Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
Goal #2:						
Discussion of progress:						
Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
Goal #3:						
Discussion of progress:						
Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
SAFETY/SECURITY DOMAIN						
Goal #1:						
Discussion of progress:						
Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
Goal #2:						
Discussion of progress:						
Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
Goal #3:						
Discussion of progress:						
Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>

**RECREATIONAL DOMAIN**

**Goal #1:**

**Discussion of progress:**

Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
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**Goal #2:**

**Discussion of progress:**

Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
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**Goal #3:**

**Discussion of progress:**

Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
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**EDUCATIONAL DOMAIN**

**NAME & ADDRESS OF CHILD'S CURRENT EDUCATIONAL PROVIDER**

**Name:**

**Phone #:**

**Address:**

**City/State/Zip:**

**Child's current grade level placement:**

**Goal #1:**

**Discussion of progress:**

Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
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**Goal #2:**

**Discussion of progress:**

Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
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**Goal #3:**

**Discussion of progress:**

Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
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**EMOTIONAL (MENTAL/BEHAVIORAL HEALTH) DOMAIN****Goal #1:**

Discussion of progress:

Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
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**Goal #2:**

Discussion of progress:

Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
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**Goal #3:**

Discussion of progress:

Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
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**RELATIONSHIP/SOCIALIZATION DOMAIN****Goal #1:**

Discussion of progress:

Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
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**Goal #2:**

Discussion of progress:

Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
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**Goal #3:**

Discussion of progress:

Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
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**PREPARATION FOR ADULT LIVING/VOCATIONAL DOMAIN (if child is or will be 16 before next review)****Goal #1:**

Discussion of progress:

Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
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**Goal #2:**

Discussion of progress:

Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
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**Goal #3:**

Discussion of progress:

Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
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**FAMILY SERVICES DOMAIN**

**Goal #1:**

Discussion of progress:

Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
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**Goal #2:**

Discussion of progress:

Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
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**Goal #3:**

Discussion of progress:

Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
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**SUPPORT SERVICES PROVIDED TO CAREGIVER**

**Goal #1:**

Discussion of progress:

Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
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**Goal #2:**

Discussion of progress:

Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
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**Goal #3:**

Discussion of progress:

Measurement of progress	+3 <input type="checkbox"/>	+2 <input type="checkbox"/>	+1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
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**MEASUREMENT OF PROGRESS TOWARD GOALS (summary)**

Total goals identified:	Improvement made in 50% or more of identified goals	Yes	No
# progressing:                      # not progressing:			

**LIST ANY \*NEW NEEDS THAT MAY HAVE BEEN IDENTIFIED SINCE THE LAST PLAN/REVIEW AND THE INTERVENTIONS TO ADDRESS THOSE NEEDS**

Goal / Need	Intervention	Person(s) Responsible	Time Frame
1.			
2.			
3..			
4.			
5.			
6.			

\*NOTE: New needs/goals listed here are to be moved to the appropriate domain at the next review.

**PARTICIPATION IN DEVELOPMENT OF CASE PLAN REVIEW & DISTRIBUTION**

	Child	Family	Caregiver	Name: Other
<b>Date Notified</b>				
<b>Method of Notification</b>				
<b>Date of Participation</b>				
<b>Date Copy Received/Mailed</b>				

I, the undersigned have received a copy of the case plan, understand the case planning process and have been provided an opportunity to participate in the development of the case plan.

**SIGNATURES:**

<b>CHILD:</b>	<b>DATE:</b>
<b>FAMILY:</b>	<b>DATE:</b>
<b>CAREGIVER:</b>	<b>DATE:</b>
<b>JPO:</b>	<b>DATE:</b>

**If any party has not, or refuses to sign, explain:**