

SAMPLE CASE PLAN DOCUMENT
IDENTIFYING INFORMATION

Family Name _____
Date This Plan Completed _____

Case/ID # _____
Date of Case Disposition _____

Parents'/Guardian's Name(s)

Relationship to Child

Children's Names

Date of Birth

Other Parties to Plan (Care givers, relatives, GAL, etc.)

Relationship to Child

CASE GOAL(S) If case goals are not the same for all children covered by this plan, identify the proper goal for each child, and anticipated date of completion.

PROBLEMS, NEEDS AND EXPECTED CHANGES (ASSESSMENT AND OBJECTIVES)

P ____ OF ____

List the problems and needs which have caused or contributed to the need for protection of the child, and which will be worked on in this plan. Consider: environmental needs, medical health problems, family relationships/conflicts parental conditions, and special needs of children. For each problem or need, list the objective, i.e. the expected change in measurable terms. List the expected date of completion.

Problem/Need/Condition	Objectives/Expected Changes	Date Comp.
_____	# _____	_____.
_____	_____	_____.
_____	_____	_____.
_____	_____	_____.
_____	_____	_____.
_____	_____	_____.
_____	# _____	_____.
_____	_____	_____.
_____	_____	_____.
_____	_____	_____.
_____	_____	_____.
_____	_____	_____.
_____	# _____	_____.
_____	_____	_____.
_____	_____	_____.
_____	_____	_____.
_____	_____	_____.
_____	_____	_____.
_____	_____	_____.

Use Additional Problem/Objective Pages as Necessary

SIGNATURES AND REVIEW

P _____ OF _____

Did parent/guardian *participate* in this plan? _____ Yes _____ No

Is parent/guardian in *agreement* with this plan? _____ Yes _____ No

If no to either, explain reasons for lack of agreement or participation.

Did guardian-ad-litem *participate* in preparing this plan? _____ Yes _____ No _____ Not Applicable

Is guardian-ad-litem in *agreement* with this plan? _____ Yes _____ No _____ Not Applicable

If no to either, explain reasons for lack of agreement or participation.

Parent/Guardians Signature(s) _____ Date _____
_____ Date _____
_____ Date _____

Child Welfare Professional's Signature(s) _____ Date _____

Other Party Signature(s) _____ Date _____
_____ Date _____
_____ Date _____

Date copy of plan given or sent to parent _____

Date copy of plan given or sent to GAL _____

Date copy of plan given or sent to Court _____

Date this plan is to be reviewed _____