

**Plan Summary  
Part 2: Follow-Up**

Complete every 6-months following the date of the initial Family Conference.

County: \_\_\_\_\_ Form ID: (County Code, year, and Conference #): \_\_\_\_\_

Date of Six-month Follow-up: \_\_\_\_/\_\_\_\_/\_\_\_\_ Family Conference Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**I. Family Plan Goals: (Follow up information from the last six months)**

a. Overall, is the plan from the conference being followed (or was it followed)?  
1 2 3 4 5  
not at all/no somewhat half and half mostly all/yes

b. Were changes made to the plan?  
 Yes  No

c. If yes, did the changes that were made help meet goals and address concerns?  
1 2 3 4 5  
not at all/no somewhat half and half mostly all/yes

d. Have there been follow-up conferences?  Yes  No  
If yes, how many? \_\_\_\_\_

e. Have there been any substantiated cases of child abuse?  
 Yes  No  
If yes, abuse type:  Physical  Mental/Emotional  Sexual  
 Neglect  Imminent Risk  
Date(s) of Incidences: \_\_\_\_\_

f. Did the child commit any substantiated offenses/crimes?  
 Yes  No  
If yes, crime type:  Informal Adjustment  Misdemeanor  Felony  
 Other: (Please specify): \_\_\_\_\_  
Date(s) of Incidences: \_\_\_\_\_

g. Has the child/youth participated in any competency development/well-being activities?  
 Yes  No ( ex: instruction regarding social skills, life skills, problem solving, anger management, etc...)

h. Has the child/youth demonstrated new knowledge or skills as a result of competency development/well-being activities?  
1 2 3 4 5  
not at all/no somewhat half and half mostly all/yes

i. Has the child/youth made any payment toward restitution?  
 Yes  No  n/a

j. Has the child/youth participated in community service activities?  
 Yes  No  n/a

k. Has the child/youth participated in any victim restoration activities?  
 Yes  No  n/a (ex: victim courses, mediation, letter of apology, etc...)

**Plan Summary  
Part 2: Follow-Up**

**I. Family Plan Goals (cont'd):**

I. Did the FGDM conference and family plan assist in addressing the child/youth's educational needs?

1 not at all/no      2 somewhat      3 half and half      4 mostly      5 all/yes

m. Did the FGDM conference and family plan assist in addressing the child/youth's physical health needs?

1 not at all/no      2 somewhat      3 half and half      4 mostly      5 all/yes

n. Did the FGDM conference and family plan assist in addressing the child/youth's mental health needs?

1 not at all/no      2 somewhat      3 half and half      4 mostly      5 all/yes

**II. Resources Involved with Child and Family: (Check all that apply)**

- C&Y       JPO       MH       MR       Drug & Alcohol
- Health       Education       Welfare/TANF
- Community/Natural Support Systems (ex: religious/scouts/clubs/groups/recreational & sports programs, etc...)
- List ALL: \_\_\_\_\_
- Other: \_\_\_\_\_

If the family was involved with C&Y or JPO at the time of their conference, is the case still open?  Yes  No

**III. Placement Information:**

Placement Type (check one):

- Court-ordered       Voluntary Placement Agreement
- Informal       Not Applicable

Current Placement Setting:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Own Home             | <input type="checkbox"/> Supervised Independent Living  | <input type="checkbox"/> Psychiatric Hospital                            |
| <input type="checkbox"/> Trial Home Visit     | <input type="checkbox"/> Family Living/Lifesharing (MR) | <input type="checkbox"/> Medical Hospital                                |
| <input type="checkbox"/> Informal Kinship     | <input type="checkbox"/> Residential Treatment Facility | <input type="checkbox"/> Drug and Alcohol Treatment Facility             |
| <input type="checkbox"/> Resource Family Home | <input type="checkbox"/> Intermediate Care Facility/MR  | <input type="checkbox"/> Community Residential Rehabilitation/Host Homes |
| <input type="checkbox"/> Kinship Foster Care  | <input type="checkbox"/> Detention                      | <input type="checkbox"/> Permanent Legal Custodian                       |
| <input type="checkbox"/> Foster Care          | <input type="checkbox"/> Secure Facility                | <input type="checkbox"/> Other: _____                                    |
| <input type="checkbox"/> Pre Adoptive         | <input type="checkbox"/> Diagnostic Treatment Facility  |  |
| <input type="checkbox"/> Group Home           |   |  |

Has the child/youth's placement setting changed within the last 6 months?  Yes  No

If yes, please complete: Date Moved to Current Placement Setting: \_\_\_/\_\_\_/\_\_\_

Number of placement moves in past 6 months: \_\_\_\_\_

Reason for Change(s): \_\_\_\_\_

**IV. Court/Legal Involvement:**

(for child/youth)

- Alleged Dependent       Dependent       Delinquent
- Alleged Delinquent       None       Both

Has there been any Juvenile Court involvement during the last six months?

Yes  No

If yes, please specify type and reason: \_\_\_\_\_

