

LOGAN COUNTY
Comprehensive Wraparound Plan

FAMILY PLAN

Date Developed: _____ Team Facilitator: _____

Date(s) Updated: _____

TEAM MISSION

PARTICIPANTS NAMES & ROLES

GROUND RULES

SAFETY PLAN *(if indicated)*

Undesired Situation *(describe)*: _____

Desired Situation *(describe)*: _____

What needs to happen to get to the desired situation:

Interventions Planned	Persons Responsible
1.	
2.	
3.	

CRISIS PLAN *(required)*

Concern: _____

Precipitant:
(what is likely to set off the crisis) _____

Who/what is helpful: _____

Who/what is NOT helpful: _____

Steps to be Taken to Prevent Crisis	Persons Responsible
1.	
2.	
3.	
Steps to be Taken to Manage Crisis	Persons Responsible
1.	
2.	

FAMILY ASSESSMENT

STRENGTHS	NEEDS <i>(prioritized)</i>
•	1.
•	2.
•	3.

PROFESSIONAL SERVICES-COORDINATED PLAN

Worker Name	Provider Agency	Service provided	Frequency

NEED #1:

If we meet this need, what would happen? _____

How well is this need being met: Scaling: 1=not met at all, 3 =met some, 5=met completely

Date:								
Rating:								

Ideas for how to meet the need (options including what is already being done)

- 1.
- 2.
- 3.

What will be done	Who will do it	By When	Outcome

NEED #2:

If we meet this need, what would happen? _____

How well is this need being met: Scaling: 1=not met at all, 3 =met some, 5=met completely

Date:								
Rating:								

Ideas for how to meet the need (options including what is already being done)

- 1.
- 2.
- 3.

What will be done	Who will do it	By When	Outcome

NEED #3:

If we meet this need, what would happen? _____

How well is this need being met: Scaling: 1=not met at all, 3 =met some, 5=met completely

Date:								
Rating:								

Ideas for how to meet the need (options including what is already being done)

- 1.
- 2.
- 3.

What will be done	Who will do it	By When	Outcome

