

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

FAMILY ASSESSMENT

STRENGTHS	NEEDS (prioritized)
•	1.
•	2.
•	3.

PROFESSIONAL SERVICES-COORDINATED PLAN

Service Provided	Worker Name	Organization Name	Frequency

NEED #1:

Options (prioritized)

- 1.
- 2.
- 3.

What will be done	Who will do it	By When	Outcome

Measureable Outcome: *If we met this need, what would happen?*

--

How well is this need being met? 1 2 3 4 5
 Mark one of the following: Not at all Some Completely

NEED #2:

Options (prioritized)

- 1.
- 2.
- 3.

What will be done	Who will do it	By When	Outcome

Measureable Outcome: *If we met this need, what would happen?*

--

How well is this need being met? 1 2 3 4 5
 Mark one of the following: Not at all Some Completely

NEED #3:

Options (prioritized)

- 1.
- 2.
- 3.

What will be done	Who will do it	By When	Outcome

Measureable Outcome: *If we met this need, what would happen?*

--

How well is this need being met? 1 2 3 4 5
 Mark one of the following: Not at all Some Completely

