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**THE PLAN**

Please provide the name of the lead person and timescale for each action.

**Where are we now?**

*First plan: Assessment of needs/risks?*

*Review: Changes to assessment of needs/risk.*

**Where we want to be**

*Aspirations & Desired Outcomes*

*Short Term and Long Term*

**Must Do:** individual responsibilities that must be completed.

Two or more individuals working at it: **Do Together**

**Goals that have been achieved**

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**Do Later:** may need to be done, but not right away

Resources that the family may not be able to access: **Do For You**

**Date:**

**SW:**

**Name of Children:**

**Title of meeting/plan:**