**Client/Family Name: Human Services Practitioner Name:**

*Note that this care plan is simply a template. Agencies may have differing templates, or no template.*

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| **Needs**  *All answers should be based on the case study and care plan, and must address how the care plan meets the family’s needs. For additional prompting questions, see the Milestone Three section of the Final Project Document.* |
| *Evaluate the extent to which the plan addresses the children’s needs. How do the interventions and referrals in place address the needs? How do the interventions and referrals differ for acute versus ongoing needs? Do they fully address the needs?* |
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| *Discuss the gaps in service of the plan. How do the interventions or referrals not address the children’s needs? What recommendations would you make to address these needs?* |
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| *Evaluate the extent to which the plan addresses the family’s needs. What steps are in place to address the family’s needs? How do they address the needs? How do the steps differ for acute versus ongoing needs? Do they fully address the needs? Are there gaps where needs are not addressed?* |
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| *Discuss the gaps in service of the plan. How do the interventions or referrals not address the family’s needs? What recommendations would you make to address these needs?* |
|  |
| *Evaluate the effectiveness of the contingency plan. What contingency plan is in place? How does this address risk and resiliency factors of the child and family?* |
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Note: All participants may not have participated in every area.

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| **Client Signature/Date** *Note: No signatures are needed.* |
| **Human Services Practitioner Signature/Date** *Note: No signatures are needed.* |