

## Goal Plan

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Date Written: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Program Coordinator: \_\_\_\_\_

Family Support Practitioner: \_\_\_\_\_

Aide Support timeline: Effective \_\_\_\_\_ to \_\_\_\_\_

**Introduction/Summary:**

**Child's and Family's Strengths and areas of need:**

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**Goal # 1:**

**Strategies to Achieve Goal:**

**Agency Tasks & Strategies:**

**Parent's Tasks and Strategies:**

**Indicator: (How will you know the goal has been achieved?)**

**Next Review Date:** \_\_\_\_\_

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**Goal # 2:**

**Strategies to Achieve Goal:**

**Agency Tasks & Strategies:**

**Parent's Tasks and Strategies:**

**Indicator: (How will you know the goal has been achieved?)**

**Next Review Date:** \_\_\_\_\_

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**Goal Plan Continued . . .**

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ASC Program Coordinator will review goals and strategies with family, Aide and other professionals where applicable. Service Plan will be reviewed within 3 months and again with FSCD prior to 6 months.

Expectation of Parental Involvement: Success of Behavioural and/or Developmental Aide Support occurs when everyone works together to develop and implement tasks and strategies, and to achieve goals.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Family Support Practitioner: \_\_\_\_\_ Date: \_\_\_\_\_

Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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