

Goal Review

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?)

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Outcome/Observed Progress:

Additional Learning Required:

Other Family Accomplishments during this Review period:

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?)

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Outcome/Observed Progress:

Additional Learning Required:

Other Family Accomplishments during this Review period:

Next Review Date: _____

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Goal Review Continued . . .

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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