

<b>NAME OF SOC/OHTI SITE:</b> <b>TRANSITION TEAM MEETING FOR:</b>	Date:
	Time:
	Location:

Care Coordinator/Transitional Facilitator:		Type of meeting:	Follow-Up Transition Team
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Family Support Provider/ Transitional Mentor:		Young Adult's Long-Range Vision:	
		Team Mission:	

Team Members Present:	
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**AGENDA ITEMS**

Topic	Presenter	Time allotted
✓ Introductions/ Review of Ground Rules		
✓ Review Long Range Vision/Mission		
✓ Celebrations/Successes Since Last Meeting		
✓ Review Progress on Needs/Goal(s) and Action Steps from Last Meeting		
✓ Identification of Any New Strengths/Needs/Goals/Action Steps		
✓ Review SNCD and Update to Accommodate Newly Identified Strengths/Needs/Goals/Action steps		
✓ Discuss Potential Crises/Review and Revise Crisis Plan if Necessary		
✓ Completion of Any Paperwork if Necessary (i.e. new releases, Ohio Scales, etc.)		
✓ Schedule Follow-up Meeting and Adjourn		

**WRAPAROUND ADDENDUM (DATE)**

Need/Goal	What/Action Step	Who/Person(s) Responsible	When/How Often	Strength


I/We (young adult/guardian) have actively participated in the development of this plan and understand the treatment goals and plan. I/We have the following response:

\_\_\_\_\_

\_\_\_\_\_

- \* I/We (Agree) (Disagree) with this wraparound plan.
- \* I have been offered a copy of my wraparound plan, and
- \* I/We (Accept) (Decline) a copy of my plan.

\_\_\_\_\_  
Young Adult Signature                      Date

\_\_\_\_\_  
Parent/Guardian Signature              Date

\_\_\_\_\_  
Care Coordinator/  
Transitional Facilitator                      Date

\_\_\_\_\_  
Family Support Provider/  
Transitional Mentor                      Date

\_\_\_\_\_  
Team Member                                  Date