

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

Care Coordinator/Transitional Facilitator:		Type of meeting:	Initial 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		
✓ Development and Review of Ground Rules/ Determination of Decision-Making Procedure		
✓ Review and Discuss Long-Range Vision and Team Mission		
✓ Review and Discuss SNCD Identification of Needs and Strengths Based on SNCD		
✓ Prioritization of Needs		
✓ Brainstorm and Discuss Action Steps to Address Prioritized Needs Action Step Selection (Young Adult and Caregiver/Guardian, if applicable, make the final selection) Action Steps: Who, What, When, How Often		
✓ Discuss Transition Team Membership (Does Anyone Else Need to Be Here?)		
✓ Discuss Potential Crises/Review and Revise Crisis Plan if Necessary		
✓ 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