Care Plan Review Template [Form #7] CASE REF # Click here to enter text.

# Department of Social Welfare Confidential

**Care Plan Review Template [Form #7]**

For use when the Care Plan is reviewed. It shows the outcomes/progress of agreed goals and planned actions. Care Plans should be reviewed at least once every six months.

**A. Care Plan Review Details**

|  |  |
| --- | --- |
| Child’s NAME /SURNAME | Click here to enter text. |
| Date of Care Plan review | Click here to enter a date. |
| Protection concern | Click here to enter text.. |
| Location of the child (Region/Districts/ community); | Click here to enter text. |
| Cause of separation; | Click here to enter text. |
| Current care arrangement (institution, foster care, kinship care, adoption etc | Click here to enter text. |
| Reunification status | Click here to enter text. |

**B. Care Plan Review**

*List any significant changes/developments in the child and family circumstances since the assessment or previous monitoring contact. Have any of these changes impacted negatively on the child? Explain.*

Click here to enter text.

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*Where required, new goals and actions to be taken can be added to each domain.*

### Placement and Permanency

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Objectives | Action Taken/ Progress | Next Steps to be Taken (where applicable) | Whose Task | Time Frame |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**C. Participants Involved in Review**

|  |  |
| --- | --- |
| Was the child involved in the Care Plan review? | [ ] Yes [ ] NoIf No, explain why not: Click here to enter text. |
| Persons involved in the Care Plan review | Name | Relationship to Child |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

|  |  |
| --- | --- |
| Next target review date (dd/mm/yy) | Click here to enter a date. |