		Date:	
		Youth Name:	
		Meeting Location:	
		Time:	
		Child and Family Team V	/ision:
Team Members Present:			
Need(s):	Strengths:	Goals:	Action Steps and Details:
Need(s):	Strengths:	Goals:	Action Steps and Details:
Need(s):	Strengths:	Goals:	Action Steps and Details:
Need(s):	Strengths:	Goals:	Action Steps and Details:
Need(s):	Strengths:	Goals:	Action Steps and Details:
Need(s):	Strengths:	Goals:	Action Steps and Details:
Need(s):	Strengths:	Goals:	Action Steps and Details:
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