

SIMPLE Goal Directed Care Planning Template – Option 5 (CHILD and YOUTH)

Name:

Date:

Who created this plan: _____

This plan is a simple summary of our conversation about what is important to you, what you'd like to work towards and how we can work together. We will come back and look at this plan each time we work together, so we can update it and talk about how things are going. Over time, things may change and we can update your plan to reflect that. You may also find it useful to refer to your plan between appointments to keep track of what's happening and share information with other people you'd like to include.

How I'm doing now

 Things I'm doing well:




Things I'd like to improve:

If things were better ...



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We are working towards:	How will we do it?		
	<i>Name</i>	<i>Will do</i>	<i>When</i>
			

This plan provides a summary of how we are working together Signature:

I have been given a copy of this plan: Yes / No

I would like a copy of this plan to be given to:

Date we will review this plan:

