



ATTACHMENT M

FAMILY TEAM MEETING PLAN

FAMILY NAME: _____

Date of FTM: _____

FACILITAOR NAME: _____

TDM Wraparound Service Coordination

GROUND RULES

FAMILY STRENGTHS

NEEDS/CONCERNS

GOAL(S):

PLAN OF ACTION

What are we going to do? (Steps towards meeting goal(s))	Who's going to do what? (Who is responsible)	By When?

PLAN OF ACTION (Continued)

What are we going to do? (Steps towards meeting goal)	Who's going to do what? (Who is responsible)	By When?

