1. **CASE INFORMATION**

|  |  |
| --- | --- |
| Date case planning started dd/mm/yyyy | Case ID number |
| Who was involved in reviewing the case plan:   * Parents or caregivers * Child * Superivosr * Others, please specify | |

1. **CHILD SITUATION AND NEEDS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Overview of the child's current situation: | | | | |
| Overview of actions taken as part of the case plan and progress made towards objectives of the case plan: | | | | |
| Is another assessment needed? | | * Yes | | * No |
| - If yes, specify why | | |  | | --- | |  | | | |
| Are the changes to the case plan needed? | * Yes | | * No | |
| - If yes, specify why | | |  | | --- | |  | | | |
| Is there a need for a next review meeting?  If yes, specify date: dd/mm/yyyy | * Yes | | * No | |
| Next steps: | | | | |

1. **AUTHORIZATION**

|  |  |  |
| --- | --- | --- |
| Caseworker name | Date dd/mm/yyyy | Signature |
| Supervisor name | Date dd/mm/yyyy | Signature |