Strategic Master plan

Child's Name_____

Vision

Mission

Date	MM/DD/YYYY
Objectives and Goals	
Values	
Strengths	
Weakness Areas To improve	
Barriers	
Threats **Internal/ External**	
Supports Needed	
Currents Support Services	

Relevant Resources

Resources that will support you to complete your plan and help establish your circle of support.

Plan of Action

Keeps you on target to meet the goals of your family and keep you accountable for the tasks that need to be taken.

Action Plan

Action/Date due	Action / Responsible