



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

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**FAMILY CENTERED PLANNING MEETING WORKSHEET**

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We ask that you take some time prior to your Family Centered Planning Meeting to collect your thoughts and gather information that will assist you and your child's Case Manager in developing your Childs' Plan of Service.

*The Miracle Question:* What if you woke up tomorrow and your family was the best one ever. Tell me what would be happening to make it the best.

Things to consider:

1. What are your dreams and goals for your child in the next year?
2. What are your long term goals for your child?
3. What are your child's long term goals?
4. What does your child enjoy? (people, places, activities)
5. Who is important in your child's life?
6. What are your child's daily routines?
7. Do you have any friends or neighbors that act as a natural support for your family?

We suggest that you use the attached forms to help brainstorm prior to the meeting. Please bring these materials to the meeting. This will facilitate a more productive and efficient meeting for your family.

Thank you!

## Child/Family Social Information

Siblings and ages:

Pets:

What does your child enjoy (including toys, people, places, activities, etc)?

What does your family enjoy doing together, and where do these activities occur?

Are there any routines or activities you find difficult or avoid because of your child's disabilities?

Within the next year, what would you like to see different in your child's life?

Who are the people in your life who lend you support?

## Family Resources

Are there any outstanding family needs?

### Child's Routines: School Year

	Typical School Year Routine	What are your child's <i>strengths</i> when completing their routine?	What are your child's <i>needs</i> when completing their routine?
Monday	AM		
	PM		
Tuesday	AM		
	PM		
Wednesday	AM		
	PM		
Thursday	AM		
	PM		
Friday	AM		
	PM		
Saturday	AM		
	PM		
Sunday	AM		
	PM		

Variations in routine:

### Child's Routines: Out of School

	Typical Out of School Routine	What are your child's <i>strengths</i> when completing their routine?	What are your child's <i>needs</i> when completing their routine?
Monday	AM		
	PM		
Tuesday	AM		
	PM		
Wednesday	AM		
	PM		
Thursday	AM		
	PM		
Friday	AM		
	PM		
Saturday	AM		
	PM		
Sunday	AM		
	PM		

Variations in routine (include planned vacations):