



**EMBRACE**  
THE JOURNEYS

## Care Plan

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Plan #: \_\_\_\_\_

As a result of our intake assessment, this plan outlines family and service goals and activities.

Need 1: \_\_\_\_\_

GOAL: \_\_\_\_\_

Activity 1: \_\_\_\_\_

Activity 2: \_\_\_\_\_

Activity 3: \_\_\_\_\_

Need 1: \_\_\_\_\_

GOAL: \_\_\_\_\_

Activity 1: \_\_\_\_\_

Activity 2: \_\_\_\_\_

Activity 3: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Embrace the Journey

\_\_\_\_\_  
Date

*Client Initials:* \_\_\_\_\_