Aftercare/Transition Plan

Client: _____ **Date ISST Closed**: _____

Family Facilitator: _____

Steps for a successful transition

- Recognition of successes and lessons learned
- Recognition of ongoing needs
- Transfer the control of the process to the family
- Build in a way to reconnect and support the family in the future
- Provide a copy of the plan to the family

Major Successes / Accomplishments

1. _____
2. _____
3. _____
4. _____

Future Family Goals

1. _____
2. _____
3. _____
4. _____

Natural Supports Identified

1. _____
2. _____
3. _____
4. _____

Continued follow-up (as needed)

- Appointments:_____
  _____
  _____
- Crisis/Safety Plan: _____
  _____
  _____
- Emergency Contacts: _____
  _____
  _____
- Other:_____
  _____
  _____

(Agreement)

_____ _____

Youth **Date** **Parent(s)** **Date**

_____

Facilitator **Date**