

Family Health Promotion Plan

(Needs, Goals and Change Strategies)

Name:

Chart #:

Date:

Those in attendance: Mother Father Child School List others:

Child

- | | | |
|----------------------------------|--------------------------------|--------------------------------|
| 1 Nutrition/Sleep behavior | 8 Social Relations | 15 Dealing with Loss and Grief |
| 2 Medical/Dental needs | 9 Play/Activities/Rewards | 16 Strengthening Coping |
| 3 Body Work/Exercise | 10 Daily Living Skills | 17 Self Identity/Development |
| 4 Self Calm/Relaxation | 11 Talent Build/Hobbies | 18 Individual/Group Therapy |
| 5 Self- Care and Self Management | 12 Self Esteem Building | 19 Medication |
| 6 Child Attachment/Empathy | 13 Pain/Illness Management | 20 Other |
| 7 Stating Wants and Feelings | 14 Anger/Aggression Management | |

Child Plan (what, by whom, when)

Family/Home

- | | | |
|---------------------------------|------------------------------------|---------------------------|
| 1 Home/Food/Job/Insurance, etc. | 8 Parent/Child Special Time | 15 Family Service Project |
| 2 Child Care/Respite | 9 Information/Education | 16 Behavior Mgt. Training |
| 3 Help w/ Brothers/Sisters | 10 Recognition/Awards | 17 Family Counseling |
| 4 Boundaries/Structure/Routine | 11 Chores/Pets/Roles | 18 Caregiver Treatment |
| 5 Stress Control | 12 Leisure/Recreation | 19 Home Support Services |
| 6 Kin/Parenting Support | 13 Celebrations/Rituals/Traditions | |
| 7 Family Sharing Time | 14 Cultural/Spiritual | 20 Other |

Family Plan (what, by whom, when)

School/Education

- | | | |
|-------------------------------|-------------------------------------|--------------------------------------|
| 1 Family-School Bonding | 9 Recognition Experiences | 17 Other Skill Building |
| 2 Attendance Strategies | 10 Assign Helpful Tasks | 18 Student Ed Occupation Plan |
| 3 School Stress Reduction | 11 Positive Home Notes | 19 Individual Health Plan/504 Plan |
| 4 Sense of Inclusion | 12 Achievements/ Projects/Portfolio | 20 IEP-Related Services |
| 5 Teacher/Child Compatibility | 13 Build on Strengths | 21 Family Education/Counsel Center |
| 6 Friendship Building | 14 Other Success Experiences | 22 Marketable Skill Development |
| 7 Buddy/Activity Groups | 15 Learn Strategies/Self Management | 23 Vocation/Education/Rehabilitation |
| 8 Mentor/Coach/Student Tutor | 16 After School Activities/Homework | 24 Transition/Closure 25 Other |

School Plan (what, by whom, when)

Community

- | | | |
|--------------------------------|------------------------------------|------------------------------------|
| 1 Safety Crisis Plan | 9 Health Program/PHN | 16 Coordination of Services |
| 2 Care w/ Trust, Respect, Hope | 10 Mental Health | 17 Core Team |
| 3 Network Building | 11. Servicess for Persons w/Disab. | 18 Family/Agency Wraparound |
| 4 Parent Support Groups | 12 Home Visitation | 19 Family Preservation |
| 5 Parent Information Center | 13 Mentor/Work Experience | 20 Other Human Services |
| 6 Parks and Recreation/Camp | 14 Volunteer Work | 21 Substance/Abuse/Gang Prevention |
| 7 Religious Affiliation | 15 Monitoring Progress | 22 Legal Advocacy/Court |
| 8 Cultural Advocacy | | 23 Other... |

Community Plan: (what, by whom, when)

Additional Information:

Follow-up Meeting _____ Conference Form Completed ☐ Recorder _____ Dictated by _____

Next Appt: _____