

ADOPTIVE FAMILY SUPPORT PLAN

Name - Adoptive Family Name	Date
Name - Adoption Consultant	Name - Adoption Supervisor
Support Plan Type	
<input type="checkbox"/> Continuation of Adoptive Family Assessment Support Plan <input type="checkbox"/> New Support Plan	

CURRENT CONSIDERATIONS, PREFERENCES AND STRENGTHS

Describe any placement preferences and / or considerations indicated by the adoptive family, including age, gender, race, special needs, contact with birth families, etc.

Describe any strengths observed and / or indicated by the adoptive family including skill education, resources, support network, etc.

CURRENT CONCERNS / NEEDS

What concerns / needs require support and / or strengthening? Describe how each concern / need affects family functioning.

DESIRED OUTCOMES

What is the desired outcome of support? Relate outcome to needs or concerns requiring support and / or strengthening.

SERVICES

#	Service	Responsible Party (Agency, Ed. Program, Natural Supports, Adoption Consultant, etc.)	Frequency (One-time, Weekly, etc.)	Begin Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Confirmation of Participation and Date(s) of Participation
1.						
2.						
3.						
4.						
5.						

OUTCOME ACHIEVEMENT INDICATORS

Describe the indicators and / or measure(s) of successful use of support services to increase skills and abilities.

Plan Evaluation Date (mm/dd/yyyy):



SIGNATURES

SIGNATURE - Adoptive Parent

Date Signed

SIGNATURE - Adoptive Parent

Date Signed

SIGNATURE - Adoption Consultant

Date Signed

SIGNATURE - Adoption Supervisor

Date Signed