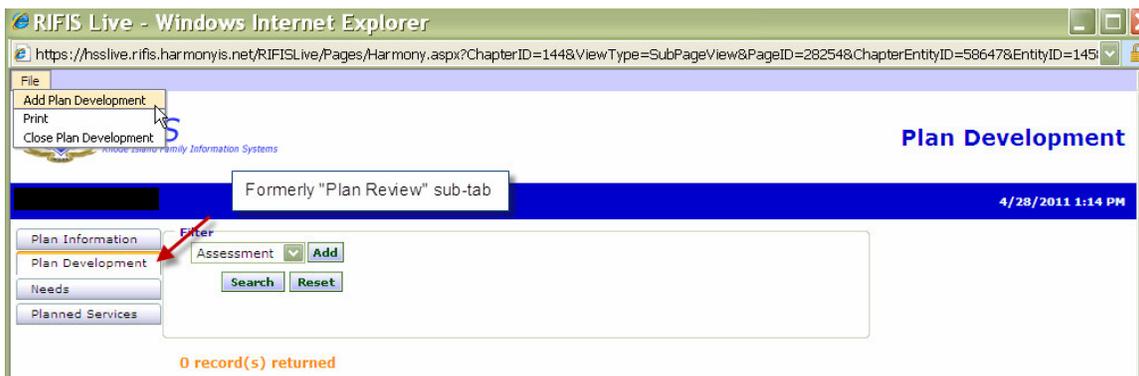
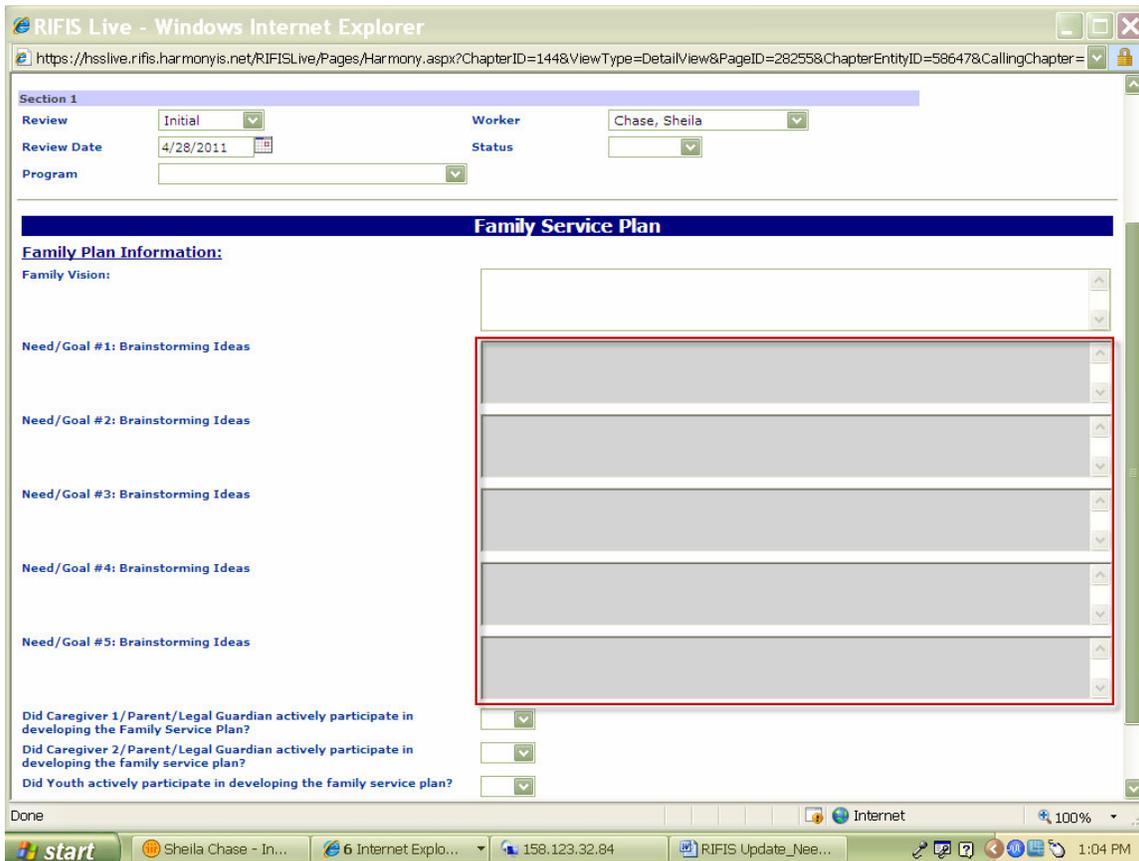


RIFIS Update
April 20, 2011
Need/Goal Brainstorming Ideas

The Plan Review sub-tab (Plans tab) has been renamed to Plan Development as shown below:



The Need/Goal brainstorming idea fields have been moved from the Plan Development Page (Plans Tab) to the Team Meeting Form (Assessment & Forms Tab) as shown below and on page 2:



Please Select Type: **Team Meeting**

Assessments & Forms

Review *	<input type="text"/>	Worker *	Guglielmo, Barbara <input type="button" value="Clear"/>
Review Date *	4/20/2011	Status *	<input type="text"/>
FCCP *	<input type="text"/>	Agency *	<input type="text"/>
Approved By	<input type="text"/>	Approved Date	<input type="text"/>

Team Meeting

Team Facilitator

Team Members Chosen by Child & Family

1. Name of Team Participant	<input type="text"/>
1a. Title of Team Participant	<input type="text"/>
1b. Strengths of Team Participant	<input type="text"/>
2. Name of Team Participant	<input type="text"/>
2a. Title of Team Participant	<input type="text"/>
2b. Strengths of Team Participant	<input type="text"/>
3. Name of Team Participant	<input type="text"/>
3a. Title of Team Participant	<input type="text"/>
3b. Strengths of Team Participant	<input type="text"/>
4. Name of Team Participant	<input type="text"/>
4a. Title of Team Participant	<input type="text"/>
4b. Strengths of Team Participant	<input type="text"/>
5. Name of Team Participant	<input type="text"/>
5a. Title of Team Participant	<input type="text"/>
5b. Strengths of Team Participant	<input type="text"/>
6. Name of Team Participant	<input type="text"/>
6a. Title of Team Participant	<input type="text"/>
6b. Strengths of Team Participant	<input type="text"/>
7. Name of Team Participant	<input type="text"/>
7a. Title of Team Participant	<input type="text"/>
7b. Strengths of Team Participant	<input type="text"/>
8. Name of Team Participant	<input type="text"/>
8a. Title of Team Participant	<input type="text"/>
8b. Strengths of Team Participant	<input type="text"/>
9. Name of Team Participant	<input type="text"/>
9a. Title of Team Participant	<input type="text"/>
9b. Strengths of Team Participant	<input type="text"/>
10. Name of Team Participant	<input type="text"/>
10a. Title of Team Participant	<input type="text"/>
10b. Strengths of Team Participant	<input type="text"/>

Other Attendee

If other, please specify

Team "Game Plan" Information

Ground Rules (including confidentiality and how the team will make decisions):

Team Mission (provide specific goals to be met by team to achieve mission):

Brainstorming Ideas

Need/Goal #1: Brainstorming Ideas	<input type="text"/>
Need/Goal #2: Brainstorming Ideas	<input type="text"/>
Need/Goal #3: Brainstorming Ideas	<input type="text"/>
Need/Goal #4: Brainstorming Ideas	<input type="text"/>
Need/Goal #5: Brainstorming Ideas	<input type="text"/>

Team TRANSITION Information

Lessons Learned:

How will the family continue to get team support: