



**Team Decision Making (TDM) Meeting
Plan Form**

TYPE OF TDM:
 Emergency/Considered _____
 Removal _____
 Placement Change/Preservation _____
 Permanency/Reunification _____

Date of TDM: _____ **Time:** _____

Name of Facilitator: _____

Place of TDM: _____

1. Child's Name: _____ **DOB:** _____ **Age:** ____ yrs _____

Placement: _____ **Gender:** Male Female

Judge's Name: _____ **Next Court Date:** _____

2. Social Worker's Name: _____ **FAPT DATE:** _____

3. Parent or Guardian who will participate in TDM: _____

Relationship to child: _____

4. Others to participate in TDM:

Relationship:

- _____	_____
- _____	_____
- _____	_____
- _____	_____
- _____	_____
- _____	_____
- _____	_____
- _____	_____
- _____	_____
- _____	_____
- _____	_____
- _____	_____

5. PLACEMENT & RESOURCE OPTIONS

Option A: _____

Option B: _____

Option C: _____

NEEDS IDENTIFIED: (Services [needing \$\$\$\$] and Services to Maintain Stable Placement)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. IMMEDIATE ACTION STEPS:

- 1. _____ Anticipated Completion Date: _____
- 2. _____ Anticipated Completion Date: _____
- 3. _____ Anticipated Completion Date: _____
- 4. _____ Anticipated Completion Date: _____
- 5. _____ Anticipated Completion Date: _____
- 6. _____ Anticipated Completion Date: _____

CONFIDENTIALITY--RDSS is sensitive to the privacy of all involved in this case, therefore what we say here will be shared outside of the meeting only if it is necessary for purposes of case planning, investigating new concerns of Abuse or Neglect, or in regards to the court system. Your signature indicates that you participated in the meeting.

Signatures:

Family/Friends/ Other Professionals

Parent: _____

Parent: _____

Youth: _____

Social Worker: _____

Social Worker Supervisor: _____

GAL: _____

Facilitator: _____

Provider: _____

Therapist: _____

P.O. _____
