

**Department of Social Services  
Team Decision Making (TDM) Meeting Data  
90 Day PROGRESS Form**

**DATE OF TDM:** \_\_\_\_\_

<b>Name of Youth:</b>	<b>DOB:</b>
<b>SOCIAL WORKER:</b>	<b>SUPERVISOR:</b>
<b>Action Steps Discussed at TDM:</b>	
<b>Placement Options Discussed:</b>	
<b>Progress of Plan (to include <i>Action Steps Completed</i> and <i>Progress of Needs Identified</i>)</b>	
<b>Current Plan for Youth (including Timelines)</b>	