MICHIF PRACTICE TIMELINE

Lii Famii: **Date:** **Social Worker/ Kaniikaniit:**

Please note that this timeline is based on expected progression. The timeline will not progress until the work prior to progression is done.

Date	Tasks	Meetings/Monitoring	Contact Changes:
Preparations			
Week x			
Weeks x			
Weeks x	-		
Weeks x			
Weeks x			
Weeks x			
Weeks x			
Week x			
Week k			

Date Reviewed with Family (unless there is a family friendly timeline done**):**

Name of Family members reviewed with:

Signature of Family members:

Name and Signature of Social Worker:

Name and Signature of Team Leader: