



INTERNAL CARE TEAM REVIEW MEETING



Lii Famii/ Li Zhenn Moond:
Li Zhoornii (Date):

Kaniikaniit (Case Manager):
Li Moond (Team Leader):
Li Pleu Vyeu (Elder):

WHAT IS THE PUPROSE OF THIS INTERNAL CARE TEAM MEETING TODAY: _____

WHAT ARE WE WORRIED ABOUT?	WHAT IS WORKING WELL?	WHAT NEEDS TO HAPPEN?
Where is the care team struggling? What is getting in the way? (please differentiate struggles with accomplishing the tasks/goals and complicating factors ie. Mom is not able to follow the strategies I’ve been working with her on regarding discipline (issues case manager needs to think through re: safety) VS. Caregivers are impossible to work with (CF) THE COMPLICATING FACTORS THAT ARE GETTING IN THE WAY OF ACHIEVING THE GOAL:	Care team’s observation on what they have been able to achieve with the family that has been moving them towards their case specific safety scales?	CLARIFYING ROLES AND RESPONSIBILITIES BEFORE WE MEET AGAIN? Who will do what/when and how will you get the information to the Case Manager?



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PROGRESS SCALE

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<i>0 – No one on the care team understands their own or others' roles. Responsibilities are unclear or overlapping, next steps are undefined, and the case manager cannot track progress toward case-specific safety goals because of missing tasks, incomplete information, or confusion about who is responsible for each step.</i>	<i>10 - Everyone in the care team fully understands their own and each other's roles, how they differentiate and how they help us achieve our case-specific safety goals. Next steps for every member are clearly defined/dated, responsibilities are coordinated, and the case manager reliably receives tasks to monitor progress toward case-specific safety goals in meetings with the family/youth/la paraantii.</i>
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- Scale each member of the care team along with their rationale:

Case Manager Name:

Case Manager number:

Rationale:

Signature: _____

Worker Name and Role:

Worker number:

Rationale:

Signature: _____

Worker Name and Role:

Worker number:

Rationale:

Signature: _____



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Worker Name and Role:

Worker number:

Rationale:

Signature: _____

Worker Name and Role:

Worker number:

Rationale:

Signature: _____

NEXT REVIEW DATES: _____



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