

DISPOSITION OF SERVICE COORDINATION

Child's Name Date Completed

1. Did child / family receive services as outlined in the service plan? Yes No

If no , please list reason:

2. Describe outcomes noted as a result of the services provided:

3. Did this family exit Service Coordination successfully during SFY 2022 by accomplishing either 100% of the family goals on the family IFSCP; or at least 75% but less than 100% of the family goals on the IFSCP?"(Guidance on goals can be found in Appendix A, page 17)

Yes, 100 % of goals met.

The goals met were at: _____ %. (Please add the exact percentage met.)

4. Does child/family need additional / ongoing services?

If Yes, please explain:

Yes No