

# Family Centered Services & Supports

## DISPOSITION OF SERVICE COORDINATION

**Date Completed:**

**Youth's Name:**

**1. Did youth/ family receive services as outlined in the service plan?**

Yes                      No, please list reason:

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

**3. Did this family exit Service Coordination successfully during the SFY\_\_\_\_ 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 youth/family need additional / ongoing services?**

Yes                      No

If yes, please explain: