

# NAME OF AGENCY

## Transition/Wrap Around Plan (for next 3 months)

### Update (Date) for FAPT Review Purposes

**Client:** Name                      **Locality:**                      **DOB:** 00-00-0000  
**Age:**                                  **Wrap Plan date:** (Review period is from last FAPT review to  
current FAPT review.)

### **Previous Placement:**

### **Current Placement:**

### **Education:** Name of School Placement

- Any important criterion for client to meet in order to attend school goes here.

#### Progress Update:

Was client approved and admitted to school? Is there an IEP and when is the next IEP meeting to be? What are any barriers, struggles, additional supports to be put in place for client's success?

### **Outpatient Therapy Services:** Name of Agency providing services.

- Type of services, name of person assigned to provide those services. Why was this particular person chosen? What need or problem area will this service be meeting for client? What issues will be addressed? When is 1<sup>st</sup> appointment? Who is covering cost?

#### Progress Update:

Describe progress with 1<sup>st</sup> and all other appointments here. How is client participating and following through. What progress is being made? When are next appointments? Are there any further recommendations for treatment?

- Psychiatrist/Medication Management-

**Progress Update:**

Initial psychiatrist evaluation information and subsequent follow up appointments, progress, and information listed here. List information on current medication here. Any recommendations for further treatment by psychiatrist listed here. Next appointment listed here.

**Current Medications (per Name of Agency, Psychiatrist, and Date)**

Date	Target Symptoms	MEDS	Dosage	Prescribed By:

- In-Home with Parent Focus-Name of agency and person assigned.

**Progress Update:**

Be specific about what goals the In-Home was charged with accomplishing in the home, why you are using this In-Home service, how long is the time-frame the In-Home has to accomplish these goals, and how has the case manager communicated these goals to the In-Home, and how will FAPT know when those goals have been achieved? List here In-Home services progress. Who is paying for service?

- Specialty Group- Name of agency that is providing specialty group, name of contact person.

**Progress Update:**

Why is this group being recommended? What is the group about? Educate your reader here on the type of group. What need will this meet for the client and family? List progress here. Group meeting dates here. How much is cost and who is paying? Transportation?

**Employment:** If this is applicable for the client.

- Any criteria to gain employment?

**Progress Update:**

**Legal:** If this is applicable for the client.

- Criteria to meet or history of charges.

**Progress Update:**

**Case Manager:**

Be very specific about what your role is here, what you set out to accomplish when you were assigned the case.

**Progress Update:**

What progress you have made thus far. List next steps if you have not completed transition or wrap-services. List recommendations here for service providers and family for when you are no longer involved.

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Name of Case Manager  
Name of Agency

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Date