

State of Illinois
Department of Children and Family Services
Placement Review: Action Plan

Date: _____

Identifying Information:

Child Name: _____

ID #: _____

Worker: _____

Agency: _____

Supervisor: _____

Team: _____

Present:

Role and Phone Number

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Verification of Completion: Date Due _____

Fax Number: _____

The supervisor is responsible to ensure the worker completes the identified tasks on the following page. Upon verification of completion the supervisor shall initial the "Verification of Completion" column. The second page of the Action Plan shall be faxed to the Review Convener by the due date.

Placement Review: Action Plan

Case Name: _____

ID: _____

Objective/Intended Outcome:		
Task	Time Frame	Verification Of Completion